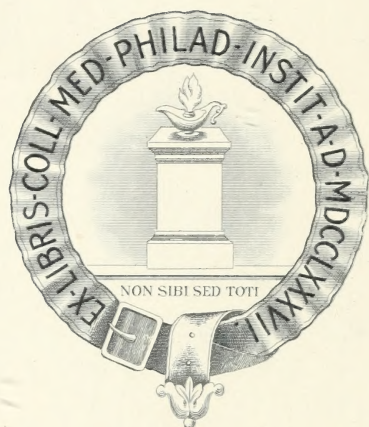






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# THE HOMŒOPATHIC RECORDER

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## A QUESTION OF CAPITALS.

S. M. H., who reviewed Dearborn's *Diseases of the Skin* and Carleton's *Hom. in Medicine and Surgery* for our excellent *Clinique*, of Chicago, rides a tilt against a custom in the use of Capitals in those books to which the RECORDER man must also plead guilty for, indeed, he has induced not a few writers and authors to depart from the orthodox righteousness of *The Clinique* in the matter. Concerning Dearborn's book S. M. H. writes: "The typographical work is excellent except in the custom of the publishers to hold to the antiquated fashion of capitals for remedies, while they follow the modern printing room habit of dropping all possible hyphens in such words as microorganism and fibroelastic, and omit the final "e" in such words as atropin, turpentin and iodin."

Concerning Carleton's book: "The page is marred by adherence to the old custom of capitalization. Even if the author is averse to the progress of typography, the publishers ought to maintain their reputation by more careful editing."

When the judge in the celebrated case of *Bardell vs. Pickwick* asked Sam Weller how he spelt his name his father, Tony Weller, shouted from the gallery, "Spell it with a 'V,' Sammy; spell it with a 'V!'" So the RECORDER man, who has something to do with seeing books through the wilds and wiles of the print shop, tells the authors, if asked, "Spell 'em with Caps!" though, indeed, in the matter of Caps, *Italics*, hyphens, dropping or adding final "e's" and all that sort of thing, he is liberality itself with writers and authors—for they are the sires of their manuscript.

Our idea is that every homœopathic remedy named in a book or paper should begin with a Capital letter and be set in *Italics*.

There is possibly a psychological basis for this and, also, (what appeals to the utilitarian) a practical reason. The psychology in the matter is, that in this we conform to the old Homœopathy which made possible *The Clinique*, THE RECORDER, the A. I. H., our colleges, hospitals and all there is of Homœopathy. The old writers mostly used Caps, if not *Italics*, when they wrote of a remedy—possibly because they started from the German, where all nouns so begin. As long as old Homœopathy prevailed things steadily marched onward and upward, but since the day when modern ideas began to get the upper hand journal after journal has given up the ghost and college after college has closed its doors; the average doctor has had harder times, though the average patient has had to pay more and get less; a horde of inspectors and boards with high salaries rule patient and doctor alike and the wings of the beneficent medicine are tangled up in a maze of red tape, while the cults flourish. That, faintly outlined, is the psychology. Even beyond this (though possibly a part of it) is that peculiar thing of individualizing remedies as we do men. Is not *Pulsatilla* a weak, tearful, blonde person? *Nux vomica* a ripping, swearing irascible creature, and so on and on? Does the lower-case Roman type fit in with this widespread conception of our drugs?

But aside from all of this, one who consults a text-book for a remedy is saved overworking his gray matter if the type can aid him by making the name of the remedy stand forth plainly. Our unscientific ancestors said "the proof of a pudding is the eating thereof." To be sure they were wrong, for is not the proof in a scientific analysis, which shows the proportion of albumin, lecithin, nitrogen, carbohydrates, protein, saccharine, and so on to the end, rather than in the relish? But the old spelling, like the old "proof," aids one in finding what he wants. Now then let us have a test of "the proof of the pudding." Here it is:

"*Coffea* also vies with *Chamomilla* and *Aconite* as a pain remedy."

"*Coffea* also vies with *chamomilla* and *aconite* as a pain remedy."

"*Coffea* also vies with *Chamomilla* and *Aconite* as a pain remedy."

"Coffea also vies with chamomilla and aconite as a pain remedy."

Suppose you had four books, alike save in the matter of type as illustrated above, which one would you select? Utility is the crucial test.

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## FEAR.

By J. Creswell Lewis, A. M., M. D., San Francisco.

"I feel  
Of this dull sickness at my heart afraid!  
And in my eyes the death-sparks flash and fade;  
And something seems to steal  
Over my bosom like a frozen hand—  
Binding its pulses with an icy band."

We have all witnessed the tragedy which the above portrays. We have gazed upon the distracted actor in the oft repeated role of the death bed scene, and have as oft prayed for the possession of that lore which can ward off the ghastly terror. That the emotions do produce diseased conditions we think is provable, and is not at all difficult for us, who believe in the dynamic action of drugs, to accept. This has been taught from time immemorial. The rendezvous of the emotions is that wonderfully interesting and peculiar province of psychology known as the sub-conscious mind, whose manifestations are brought up to the field of normal life and cerebral notice through the agency of the sympathetic system of nerves, and are the relics of a prolonged era of racial activities that have been hoarded up in memory's halls unique. Brought out of that museum of antiquity on the shortest notice, duly labeled, and exhibited to an impressionable audience, they are hurtled back as unceremoniously when they have served the purpose of an eccentric curator.

One writer has said, in reference to anger, that it consists in "a simultaneous irritation of the brain and epigastric centre," which is a concise way of placing the idea before the reader. We have not space to dilate on the emotions in general, as it is our endeavor to delineate a few of the characteristics of fear, "the most dangerous of the passions," which at times makes an imbecile of its subject, and at others, a veritable Mars. Our method of arriving at a fair estimate of the mischief done by this interloper will



be to glance at him as he is mirrored forth by those states we will select as examples of the malific force inherent in him. Fear, in its various phases, is a cause of great havoc in the mental sphere, and, through its action there, of untold harm to the general system, for it acquires such domination as to render self-control well nigh, if not altogether, impossible, being disintegrating in its character.

Avaunt, grim "dweller on the threshold!" should be the exclamation hurled at him when he doth approach, for when once domiciled he will stubbornly resist eviction.

Let us endeavor to catch a glimpse of the soul of things, and then portray what we have seen for our fellow-workers in the cause of man's redemption from fell disease, which is the result of incorrect modes of life, inchoate thought, which poison the vital force and weaken and destroy the frame. While so doing, let us realize that the shades of our pioneers are hovering o'er us. Their example is before us, their light shines on our path, and the record of their achievements is chiselled on the pillars standing at the entrance to the hall of learning. This, my colleague, should stimulate us to enter on our work together in the spirit of the true student, those who can ever learn, who see in all other aspirants their kin, bound together, as they are, by the golden chain of effort, whose links are forged by charity and encouragement, and who realize that none has done his duty until, in some fashion, he becomes a servitor. Studiousness, aspiration and determination will bring to our doors the welcome visitor, success, who will then ever remain with us in all our peregrinations.

To describe fear, we shall examine this mental state as it exists in the symptomatology of a few selected remedies, thus exemplifying the world-old principle of signatures, and endeavoring to place before the tyro certitudes of our science and art of healing, and to encourage the adept by giving him the assurance that others are following him along the path he has trod for many weary years.

There are some remedies in the pharmacopœia which are so positive in character as to act uniformly well, never disappointing the conscientious prescriber, and making an enviable record for him. Such is the monk's head, *Aconite napellus*, the belted knight

of the *materia medica*, armed cap-a-pie. No wonder was it the great exponents of the teachings of the Master devoted so much time and labor to the elaboration of the genius of this medication. The sufferer requiring *Aconite* will exhibit great anxiety and will worry himself to the utmost. The ailment he has will be exaggerated by him. He will think no one has ever suffered as he is now tormented. He believes he will soon die, and while wishing for death, yet any exacerbation of symptoms produces intense distress and fear of it. He fears the future developments of his case, and his vivid imagination, resulting in restlessness, will, perhaps, culminate in mental alienation, with frenzy as its chief complication. This condition, showing itself thus in the patient, has been latent in the system for a longer or shorter period, and has only been awaiting a favorable opportunity to crop out. No such tendency will be found in a normal personality. It is the result of causes long operating in the organism, and is produced either by heredity or methods of living that have gradually sapped the physical body, disorganizing the brain, the habitat of the mind.

No such train of symptoms can be the direct result of an acute attack. They must, necessarily, have been lying dormant, and have thus come to the foreground as a result of some process that has weakened the system and lowered resistance. This may have been caused by the actions of the sufferer, or have been entailed on him through the mode of life of his forefathers. Often those who are unnerved by long excesses, elect to become parents and give to the incoming ego a body that is unfit to use. In such case, the sub-conscious mind, restraining the ideation of this impairment from crossing the threshold into the realm of ordinary consciousness, while it cannot repress fear, holds in abeyance those exhibitions of abnormality that may break through the barriers erected when illness attacks the subject or when some great trouble comes upon him. It is at such times, when extreme excitement is manifested, when "the link between the animal and the Divine essence" is threatened with severance, that we need a remedy we can depend upon to bring order out of chaos; and we have it in *Aconite*, which will relieve the tension of the nervous system and drive away the obsessing spirit of fear.

*Arsenicum album* presents us the following picture: Weakness so profound as to eventuate in utter exhaustion; irritability of nerve fibre, evidenced by restlessness, palpitation, cold sweat, mental anguish, horrid dreams, all of which is worse from midnight to 3 A. M. (the hours when the deadly horror vampirizes), ending in fear of death and despair. These are the salient features in this encaustic, produced by the weird artist, Disease, on the mind and physical form of the sufferer. *Arsenic* acts in a disintegrating manner, attacking the grosser elements of the organism, and from that field entering others less manifest, until the realm of the ultimate atom is reached, producing extreme weakness from "repulsion of separation or solution of continuity," and an indescribable sensation which eventuates in the mental condition called fear. *Arsenicum* is one of the most penetrating remedies known, touching the vitals in a way but few articles can, hence is a medicament always to be considered and studied.

The fear that accompanies collapse, which is terrible because of the patient's inability to fight it off, indicates camphor as a means of relief. Here we have a cold and clammy body, utter loss of power, pulse small and weak, cold sweat, eyes wide open, pupils dilated, tongue cold and trembling. We have fear, indefinable fear, and dread of the dark. Before the extreme symptoms appear, while the eyes are wide open, there is no sight, and the patient is in terror of the darkness which encompasses him, and at the same time there is a general sensation of fear for which he can give no reason. The condition exhibited here is one caused by the withdrawal of vitality to such an extent as to produce a paralyzing effect on the nervous system, and a consequent weakening of the heart and its accessories, and dissolution must quickly follow unless succor arrives.

*Camphor* steps in here to afford the needed relief, and it is astonishing, at times, to observe the reaction which sets in on the exhibition of this remedy.

Ecstasy is a state which opens up to consciousness a new world, and places man in relationship with conditions that attract, and circumstances that astound. When such maintains, there is loss of sensibility, inability to act voluntarily, inattention to surroundings, while the subject often stands erect and even exhibits in-

flexibility of limb. It occurs chiefly in those who are of a contemplative nature, who indulge in the pleasures and perils of retrospection, in fact, it is the "consummation of reminiscence."

The neurologist is constantly meeting patients who will be a riddle to him if he does not recognize this state of ecstasy, this condition, which, while resulting from rhythmic vibrations, innocuous when moderately experienced, are terrible in their action when prolonged. There are those so impressionable to the finer forces of nature, that, like the harp of Aeolus, they respond to every zephyr. Gradually accustoming themselves to psychic influences while yet the physical organism is not prepared to meet such a strain upon it, the ecstatic state is frequently superinduced. It is in such cases that, as a result of excitation, we have a passive state induced, a reaction, in which is exhibited an intense degree of fear. Our treatment will be successful only if we have at hand a weapon with which to repel the onslaughts of this "deadly terror." In *Cimicifuga racemosa* we have such an implement, whose following symptoms will right the wrong:

Sensation of a cloud enveloping one. Dreamy state. Brain feels too large, causing sensation of pressure against the cranial vault. Circumscribed redness of cheeks, with a pale, yet hot, face. This remedy re-establishes the flow of the vital force along the great nerve trunks proceeding from both the cerebro-spinal and sympathetic centres, a concurrence of which is necessary to the production of that balance in the system which is termed health, and in which state the peculiar susceptibility to atmospheric influences accompanying the ecstatic temperament is so modified as to lessen the tendency to such attacks. All who have had experience in treating the neuroses have observed that a dry atmosphere, being more negative in character than a moist one, is a great factor in aggravating all such diseases, and that moisture is conducive to a more stable condition of the nervous system.

In the realm of mind there are many paths leading to the hidden byes of the normally circumvallated emotions, and, along these courses, influences the most diversified find opportunity to steal, causing tales of the perturbation of the passions to be announced that are far from being figments.

Caution is one of the most admirable of qualities. It marks



the thinker, and enables him to erect a system which becomes a criterion. Yet, under the influence of extreme nervous irritation, producing excitation or depression, according as the system is either ultra positive or negative, this master passion deteriorates into a maudlin fear, upon which occurrence the psychic atmosphere becomes, in illusion's heyday, the habitat of the innumerable host of spectres and goblins, the larvæ of mediæval lore. Racked with misery, overcome by the besieging terrors of the "obscure night," the patient is brought to us for relief. Here is where our science comes into the foreground and where our art is triumphant, for we have a remedy which will perform wonders for us and drive away dull care and fear. Such remedy is *Hypericum perforatum*, used by all who have heard of the wonder working herb since the days of those men whose doctrine of signatures laid the foundation for later developments and practice. The patient will often complain of a weighty sensation in the head, while he thinks he feels the contact of a cold and clammy hand on the scalp. His head feels elongated, while the brain is tired, or he complains of formication in it. He is subject to hallucinations, has sharp pains in the extremities, with burning and numbness.

This cursory review of one of the most frequently exhibited emotions, which sometimes baffles the efforts of erudition and experience, will serve, we hope, to excite an interest in therapeutics aimed to relieve those whose temperament displays that abnormal sensitiveness to impressions which marks the neurasthenic. Remembering that mental exertion, and disturbance of the emotional sphere, alike wear on a nervous system often too finely strung for the offices of daily life, and that a lowered vitality creates havoc in the neurotic, we will be able to scientifically gauge, and artistically treat, the subjects of functional nervous diseases. These affections are a bane to the race and even a menace to our civilization, demanding, as it does, the continuous evolution of form and character. That our work is a noble one has been conceded by men in every age, and we cannot conclude better than by quoting from the illustrious Descartes, who says, "If it is possible to find some means to render, generally, men more wise and more able than they have been until now it is, I believe, in medicine that those means must be sought."

## THE TWO VERATRUMS.

By Alexander C. Hermance, M. D.

*Veratrum album*, or the white Hellebore of Europe, and *Veratrum viride*, the green Hellebore of America, although similar in name are very dissimilar in their drug action and indications calling for their use. The provings are both made from the tincture of the root.

*Veratrum album* is an old remedy. It has been in use since Hahnemann's time. It acts more prominently upon the abdominal organs, while *Veratrum viride* affects principally the cerebrum and upper part of spinal cord.

In our study of *Veratrum alb.* we learn that it was known to the ancients, and was used by them to cure insanity and various spasmodic affections, and it is recorded of Hippocrates that he cured with it a case resembling Asiatic cholera, which was as follows: A young Athenian, affected with cholera evacuated upward and downward with much suffering. Nothing could arrest the vomiting or alvine evacuations. His voice failed; his eyes were lusterless and sunken. He had convulsions of the lower extremities from abdomen downward. He had hiccoughs and the alvine dejections were more copious than vomiting. He took *Veratrum* in lentile juice and recovered. This, as Dunham says, was a most excellent homœopathic prescription.

In its general action *Verat. alb.* produces profound prostration, cardiac weakness, cold skin, with cold sweat on the forehead, and collapse, violent purging and vomiting with terrible colic and at times cramps, muscular spasms or rigid contractions of muscles, even tetanic. It produces a paralysis of the splanchnic nerves, which causes the blood vessels to be over-charged with blood and pour forth their serum. The prostration and the terrible sinking sensation and coldness that belong to *Verat. alb.* all start from these nerves. A notable characteristic of this drug is that almost every important symptom wherever produced is accompanied by cold sweat on the forehead. The great weakness and sinking sensations would lead us to think of *Arsenicum*, but there is this difference, the weakness is not disproportionate to the other symptoms; is not more than might be expected from the general dis-

turbances which mark the case, and there is not the restlessness and anguish of *Arsen.*, the patient being quiet.

We must not infer that *Verat. alb.* presents no cerebral symptoms, but we usually have the coldness and weakness associated with them and the cold sweat on the forehead. It has a delirium similar to *Bell.*, *Stram.* and *Hyos.*, great loquacity, strikes those about him, lewdness in talk, etc., but the skin is cold with the cold sweat on the forehead. In troubles arising from disturbance in the female sexular sphere it has some characteristic indications like nymphomania. The patient is lewd in extreme; wants to kiss everybody—great propensity for kissing, especially during the menses. I know of no other drug that has this symptom. Like *Gels.* it has a diarrhœa after fright. Here again we have coldness and prostration.

The digestive organs are eminently affected by *Verat. alb.* There is an aversion to warm drinks (also *Ferrum phos.*) and a feeling of coldness in the mouth, such as peppermint produces. This is a peculiar symptom. *Tart. acid* has coldness in mouth, but not as of peppermint.

The grand sphere of this drug is in affections of the bowels, cholera-morbus, cholera infantum, Asiatic cholera, and in intussusception of the bowels. The stools in diarrhœa are profuse and watery-greenish, containing little flakes that look like spinach, sometimes bloody and always with sharp, cutting pains in abdomen; great weakness almost fainting with cramps in limbs; often with vomiting, and the cold sweat on forehead. Farrington says, "It is useless to give *Verat.* in bowel affections unless there is pain." The pains are colicky, running through abdomen with cramps, especially of the calves of the legs. The aggravations are from hot weather, at night, during and before menses, after fruit, and taking cold.

Patient wants to be covered.

*Camphora* is very similar to *Verat. alb.* in many respects. It produces coldness and symptoms of collapse, but the *Camphora* patient cannot bear to be covered. The cold sweat is on the face and not the forehead especially. The discharges are apt to be scanty. The key-note of *Camphora* is "Cold as Death," but cannot bear to be covered. It is indicated more particularly in the begin-

ing of the disease. The later stages require *Verat.*—body icy cold and the collapse is more profound.

*Podophyllum* is much like *Verat.*, as it presents a perfect picture of cholera morbus, but absence of pain (also *Phos. acid*). The mealy like sediment, prolapsus ani and the large, copious stools which do not proportionately weaken the patient serve to characterize this remedy. *Iris versicolor*, Farrington says, is better suited to summer complaints of children than is *Verat. alb.* *Iris* has a marked aggravation from 2 to 3 A. M., burning from throat to anus, stools yellowish green and oily. *Arsen.* and *Puls.* are to be compared with *Verat.*, both having midnight diarrhœas, but both have such marked characteristics as to easily differentiate from *Verat.* *Arsenicum* with its restlessness and thirst, burning pains, etc.; *Puls.* after fat or rich food, ice cream and its characteristic peevish disposition. *Croton tig.* is similar also to *Veratrum* in bowel troubles. It (*Croton tig.*) comes in when stools are yellow or yellowish green, coming out like a shot, with a rush or splutter like water from a hydrant, provoked by every attempt to eat or drink. Farrington says, "I have often found *Verat. alb.* useful for cardiac debility following acute diseases when the heart muscles become weak and patient faints on moving." This condition doubtless is covered by the following symptom—while in bed face is red, after getting up it turns deathly pale. The following is an epitome of the most characteristic indications for *Verat. alb.*: Cold perspiration on the forehead in nearly all conditions, vomiting and purging at same time, collapse with extreme coldness, weakness and blueness of skin, cool sensation as from peppermint in mouth; copious vomiting aggravated by drinking and motion; diarrhœa copious, forcibly evacuated, yellowish, watery, followed by great prostration; sexual mania before and during menses with propensity for kissing; aggravations at night, in hot weather, from warmth, before and during menstruation. It is essentially a cold remedy, cold sweat, cold skin, cold breath, cold taste. In fact, in all conditions calling for *Verat. alb.* there is coldness in some form.

#### VERATRUM VIRIDE.

Unlike *Verat. alb.* this drug produces no marked bowel symptoms, its principal action, as I have said, being upon the brain



and spinal cord. It is also a respiratory poison producing asphyxia and cardiac paralysis. It paralyzes the vasomotor centers, causing low temperature, cold sweats and collapse. In large doses it produces convulsions. It produces vomiting, but not purging. In toxic doses it produces engorgement of the lungs and high degree of arterial excitement. It is to be thought of in all conditions where there is a rapid pulse, high temperature or a tendency to erratic convulsive movements. One of its pronounced characteristics is a high fever even with perspiration. It will reduce a temperature of 104 degrees to 102 degrees in a few hours. It should be compared with such remedies as *Acon.*, *Bell.*, *Baptisia*, *Gels.*, *Stram.* and *Hyos.* Its action is principally upon the base of the brain. It is a valuable remedy in cerebral apoplexy, cerebro-spinal meningitis, cerebral hyperæmia, the effects of sun-stroke, also in epilepsy, hystero-epilepsy, chorea, convulsions of all kinds. The delirium is violent and furious, trembling and jerking as if going into convulsions, continued jerking and nodding of the head, puerperal mania following convulsions, dry mouth, tongue coated yellow with red streak down center, feels scalded. It has the beating, throbbing headache of *Bell.*, without the heat. The headaches are usually up the back of the head from blood pressure and is especially adapted to full blooded plethoric subjects.

The delirium, throbbing carotids, dilated pupils make us think of *Bell.* The *Bell.* patient, however, has a marked aversion to water, has hot flushed face and glaring eyes with its usual characteristic hallucinations of monsters and hideous faces. The tongue is red on the tip or strawberry.

The *Gels.* characteristic is dizziness, drowsiness and dullness. The tongue trembles as if paralyzed. The face has a besotted look like *Baptisia*, with drooping of lower jaw. The *Aconite* patient fears death, predicts day of death with terrible restlessness and anguish, dry, hot skin, etc. The tongue is coated white.

*Hyos.* has jerking muscles, staring eyes, but is characterized by its foolish laughter, and immodesty.

*Stram.*, as you know, is most similar to *Bell.* and *Hyos.* The *Stram.* convulsions, however, are caused or aggravated by bright light or brilliant objects. It also has more fever than *Bell.* or *Veratrum viride*.

In summing up I would say the following symptoms serve to differentiate between *Veratrum viride* and other drugs: high degree of arterial excitement, convulsions with tendency to cerebral congestion, trembling and jerking of the muscles, dangerously high temperature, high fever even with perspiration, in all conditions where there is a rapid pulse, high temperature or a tendency to erratic convulsive movements.

767 St. Paul St., Rochester, N. Y.

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## PEPPERETTES.

By Pro Bono P.

What is your idea of news? If so, would you regard as news a legal decision which affected nearly every corporation in America? Did you ever hear of a corporation having two domiciles and what would be your idea as to the legality of such a corporation? Did you happen to read in your newspaper an account of a recent decision of an Appellate Court in Illinois that a corporation cannot have two domiciles? Neither did we.

Yet such a decision was recently rendered and it affects every corporation which being domiciled in one state holds its elections in another. Incidentally, but not accidentally, it affects the American Medical Association, which has been electing officers anywhere it pleases for some years.

Did you read about this in your newspaper? Nor we.

Did it ever occur to you that such things somehow are not regarded as news by the newspapers? Same here—we have noticed it also.

Suppose the courts rendered a decision declaring the American Institute of Homœopathy an illegal body, could you mention any newspaper which might perhaps find space to print a column or two about it? Strange to say, so could we.

By the way, did you get into the new college? Neither did we, but we have our \$25 still.

Did you ever stop to figure what it costs to start a new journal?

And has it occurred to you that 25 times 1,200 might help some in starting one?

Think it over.

**G. FRANK ON "SPINELESSNESS," ETC.****Communicated.**

Dr. G. Frank Lydston, of Chicago, has the following to say about spinelessness:

"I wonder if the spineless independent medical colleges ever question the right of the Octopus to inspect and classify them, cast discredit upon them and destroy their property interests. Whence comes the authority of the Octopus—from God? Are the colleges responsible to the Council of the A. M. A. or to the legally constituted authorities? The inspection of the medical colleges of the United States by a layman, who had no official authority, and the subsequent classification of the schools of the A. M. A. was an unparalleled piece of effrontery. The submission of the colleges to said inspection and classification was a nauseating example of spinelessness, sycophancy and cowardice. That in his entire tour of meddling with other people's business, the lay volunteer inspector of medical colleges was not once refused admission, kicked down the front steps, is a reflection on medical manhood. That the alumni of every reputable school which has been "de-standardized" have not risen in righteous wrath and smitten the impertinent porcine trust-monopolists who have besmirched the alma maters and discredited the diplomas of thousands of decent and capable physicians, is a travesty on their self-respect and their loyalty to the colleges which mothered them. A recent number of the Journal A. M. A., which was quoted in the public press, says that only two colleges in Chicago are "worthy of public confidence." Graduates of all schools not in "Class A"—and of these two Chicago schools prior to the recent A. M. A. classification—would better turn their diplomas to the wall; the laity may see them. Will the doctors stand for this? Well, they will stand for most anything but having their own houses set on fire."

**HOMŒOPATHY IN THE OZARK REGION.**

To the Editor HOMŒOPATHIC RECORDER.

Dear Sir—May I have a word to say to such of your readers of the Homœopathic School of Medicine as live and practice in

those sections of Southwest Missouri, Southeast Kansas, Northwestern Arkansas and Northeastern Oklahoma, which lie within the confines of the Ozarks?

Within the region known as the Ozarks there are vast opportunities and possibilities for furthering the cause of Homœopathy. We have numerous towns, villages and some good-sized cities where Homœopathy has never been heard of; only in a vague manner.

There are a large number of fairly good homœopaths—and many extra good ones—scattered over this Ozark district, but their work has never become as well known throughout the district as it should.

We need a well-organized movement in this new field which can get behind the individual physicians and encourage others to locate in the numerous unoccupied towns; and carry forward a work of placing the superior advantages of homœopathic medication before the people of this entire section.

What the Missouri Institute of Homœopathy has done for Kansas City and St. Louis, together with that section of Missouri lying north of the Missouri river, needs to be done for the entire Ozark region.

We need and ought to have a new organization in this field and it ought to be formed as a kind of Ozark Interstate Homœopathic Medical Institute.

Such an institute should hold its sessions in the late fall months every year, and should not be found to convene at any one place, but be changed about wherever the best advantages could be found, from the first one to another of the leading cities of the districts.

Such an institute should meet for not less than one full week's time, during which papers and discussions from its members should be in order, and addresses from the big men of the profession from all parts of the United States. Aside from these should be held free public medical clinics, where our best prescribers might show the rest of us how they do it; where physicians might bring their difficult cases, where the general public could be shown how the indicated remedy works. At such meetings opportunities could be had to spread the work of Homœopathy gradually from town to town throughout the district.



Many of the centers have newspapers, which, I am certain, would give publicity to the doings of these conventions and in this way scatter them throughout the country adjoining them.

The writer has talked this matter over with a few physicians of this district and they favor it. Acting upon the suggestion of Dr. Burch, of Carthage, late president of the Missouri Institute of Homœopathy, the writer here presents the subject to the physicians of this district.

I want every physician of our school now practicing in the Ozark regions of Missouri, Kansas, Oklahoma and Arkansas, who is in favor of such a movement, and who is willing to support it with his membership, to send me his name and address on a postal card; I want him to act at once and without delay, for I want to enter into a personal correspondence with him, or her, as the case may be. If sufficient interest can be had I would like to call for a meeting to convene in Kansas City, Mo., next April, when the Missouri Institute meets, and there form the nucleus for such an organization and proceed then to plan for our first convention, to be held the following fall.

Because of its central location, in relation to the Ozark regions; its railroad facilities, giving easy access from all points, and its numerous points of interest, as the center of the largest lead and zinc mining industry in the United States, it seems to me that Joplin, Mo., must offer us the greatest number of inducements as a place to hold this first convention, should such be organized.

I am confident that the public-spirited citizens of Joplin would freely open their hearts to us. I believe they will furnish us with a commodious place in which to meet free of cost. I believe that our hotels and railroads can be induced to give us special concessions in reduced rates if a good attendance can be had. I am certain that a number of automobiles will be placed at our services that all visitors may take in the points of interest in our mining industry.

I think that clinical cases may be secured in abundance from our vicinity.

Our daily papers circulate widely throughout the entire Ozark region and while such a convention would greatly boast of

Homœopathy in the vicinity of Joplin, it would help our cause throughout the Ozark section better than any other place, because of its central location. Once we could get together and come into close contact there is no doubt our work would meet with success no matter where it was held, but whatever is done, its success depends upon how it is started. I am confident that if such an institute can be had, and if its starting convention meets in Joplin, success is certain to crown its efforts.

In conclusion, my fellow-homœopaths of the Ozark region, may I call upon you to rise above personalities and personal views; let us forget the facts, as now, as to whether we are Alternationists, Single Remedy Men, Combination Tablet Prescribers, or whether we are High Potency or Low Potency Cranks, and come together with the one common desire to be homœopaths, and then when organized let us, without fear or favor, learn from actual experiences those things which may make us better as men and women, and better as homœopaths, and in so doing let us by helpful co-operation place Homœopathy before the minds of our people throughout the district.

If every homœopath in the Ozark region will lend us his support and send his name, etc., at once, such an institute will be organized and will be a needed thing in our midst.

Should homœopaths—elsewhere in the States named—or in any other part of the Union—be willing to lend us their support, the same are also asked to respond by postal card.

Come on, men and women, let us get out of the mire and rut; let us arise into the high places and raise aloft the standards of Homœopathy. Who will come first; don't wait for some one to start, but start yourself, if you are in favor of this Idea.

Address your responses to me personally.

Very truly,

C. S. TISDALE, M. D.,

Joplin, Mo.

**OLIVE OIL IN BABIES' COLIC.**

Editor of the HOMŒOPATHIC RECORDER.

Your request regarding the use of olive oil for colic in babies is received.

I am always glad to tell of anything that serves me well and have told many doctors of the use of the oil in colic.

This is my method:

For babies under three months of age I give a liberal half-teaspoonful, putting the oil in an ounce bottle, add a little sugar and fill the bottle half full with water, as warm as the baby can take it; keep it well shaken and feed it through a rubber nipple. When they are over three months I increase the dose to a good teaspoonful and fill the bottle with hot water. When given in orange juice I feed from a spoon. Often I have increased gradually from one-half to a full teaspoon, so that by the time the baby had reached three months the dose would be a teaspoonful.

For large, vigorous babies, when the colic persists, I increase the dose.

When the babies are old enough to take orange juice I give the oil in that after beating it thoroughly.

Most babies like it.

I don't always wait for them to have colic, but give it because I think it is good for the "kiddies."

Yours truly,

ORVILLE W. LANE,

Great Barrington, Mass., November 26, 1913.

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**SAVED FROM AN OPERATION.**

Editor of the HOMŒOPATHIC RECORDER.

Here is a triumph of Homœopathy over Allopathy: A man had been suffering three days and nights with excruciating pains in his stomach, foodless and sleepless.

An allopathic doctor had been treating him with castor oil, croton oil, rhubarb, etc., etc., without relief, and had made preliminary arrangements for an operation. Finally, I was called, after the discharge of the allopathic doctor, and diagnosed the

case homœopathically, the resulting symptoms being *similar* to arsenical poisoning I gave a dose of *Arsenicum album* 6x, and in 20 minutes the patient felt relieved. Four doses in six hours made a well man of him and he went to work with a smile on his face.

Yours similia, similibus, curantur,

JOHN FABYAN,  
*Student.*

Leesburg, Lake Co., Florida, December 4, 1913.

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### WARD'S ISLAND MEN DINE.

Editor of the HOMŒOPATHIC RECORDER.

The annual banquet of the Metropolitan and Ward's Island Hospitals Alumni Association was held at the Hotel Knickerbocker, New York City, on December 4th.

Exercises—Address and introduction of the toastmaster, Egbert Rankin, M. D., vice-president; Dr. Rankin also read a letter from the president, Dr. C. W. Perkins, who was absent in Europe; toastmaster, B. H. B. Sleght, M. D.

Speakers—Hon. Michael J. Drummond, Commissioner of Charities; Royal S. Copeland, M. D., dean of the New York Homœopathic Medical College and Flower Hospital; Louis O. Van Daren, Esq., president of the Bar Association of Bronx county; Ephraim D. Klots, M. D., Metropolitan Hospital Medical Board.

Moving pictures were donated by the Gaumont Company. The Kinemacolor Company also furnished part of the apparatus. Clinics were held at the hospital in the afternoon.

Fifty-four members and guests were present at the banquet

Cordially,

DANIEL E. S. COLEMAN, M. D.,  
*Secretary and Treasurer*

New York, December 17, 1913.

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### APPEAL TO ALL FRIENDS AND ADHERENTS OF HOMŒOPATHY.

Editor of the HOMŒOPATHIC RECORDER.

The undersigned is engaged in writing and publishing a most complete and extensive biography of the founder of Homœopathy,



Samuel Hahnemann. The work has advanced so far that the publication can be assured within one year.

In order to be sure of not missing anything of value, all owners of original letters or other documents, pictures, medals, etc., of Hahnemann or his immediate disciples are requested to send them to the undersigned (which should be sent by registered post). After taking copies or photographs they will be returned immediately in perfect condition, also by registered post.

Full acknowledgment will be made in the work for all loans. The material I have already collected is far more complete than anything before attempted, including hundreds of original letters and legal documents of Hahnemann.

DR. RICHARD HAEHL.

Stuttgart (Germany), Helferrich Str. 10.

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### PAGET'S DISEASE.

(In the Transactions of the Homœopathic Medical Society of Ohio, 1913, is to be found a paper on this subject by Dr. C. F. Junkermann, of Columbus, Ohio. After giving what is to be found in the text books on it—etiology, pathology, etc., the essayist comes down to the practical as follows.—ED. H. R.)

My personal experience with Paget's disease has been very limited, but the results have been very gratifying to my patients as well as to myself, hence you may take the following clinical cases for what they appear to be worth.

CASE 1. Mr. N. McC., age 65 years, dark complexion, slender, about 5 feet, 6 inches tall, had been for ten years suffering with Paget's disease of the scrotum and penis, which was very annoying; painful, burning, itching and crusts formed which when removed would leave a very red inflamed surface which would then become moist and scales and crusts would reform. Many local and other forms of treatment had been used, ointments had been applied which were so strong that all the superficial surface was removed leaving the parts like raw beef. It required a little more than one year to complete a cure, the following remedies were given as they appeared indicated: *Sulphur* 30x, then 200x, *Thuja* 30x, *Mesereum* 6x, *Arsenicum album* 3x, *Graphites* 30x, *Rhus toxicodendron* 3x, and *Psorinum* 12x. The cure was com-

pleted and remained permanent after the last named remedy was given, this was in 1902. In this case I believe we had psora and sycosis to combat in accomplishing the cure.

CASE 2. Mr. Wm. H. B., age 49 years, a bookkeeper by occupation. Has an induration of the areola around nipple of left breast, nodular formation, light scales, and slight moisture; has been noticeable for about one year, experiences stinging, burning, bruised pains. Only cause patient could state was probably from leaning against his desk while at work, the desk being of such a height as to bring the pressure over the nipple of the left breast. *Arnica* 3x was first prescribed, after which the soreness diminished, but the hard induration and burning, stinging or shooting pains remained. *Conium* 6x was then prescribed, after which the tissues resumed their normal appearance.

CASE 3. Mr. C. L. S., age 50 years, light complected, very fleshy, robust appearance. Five years previous to his calling on me he had what was diagnosed as an epithelioma removed from his lower lip with a plaster or what he called axle grease, which left quite a deformity of the lip, and soon after the lip was all healed up he noticed an irritation of the nipple and adjacent areola of the right breast, scales would keep forming and dropping off and the parts finally become indurated and nodules formed accompanied with pain in breast extending toward axilla, there being no noticeable involvement other than the nipple and areola. Had gonorrhœa several times many years ago, which had been treated locally with astringent injections. Has never felt right in reproductive organs since, also a mucous discharge from bowels almost daily. *Thuja* 30x was prescribed, the scales formed twice after taking the *Thuja*, and in six weeks the breast appeared normal.

CASE 4. Mrs. J. J. B., age 75 years, medium height, dark complexion. Grandfather died of cancer of face, father also had cancer of face. Patient had not been feeling well for nine years. First deviation from health was noticed in the way of nervousness, would get weak and nervous from the least exertion, had sensation of falling forward. Imagined she was on a high building and was going to fall off. Would wake up at night with a weak feeling in arms from elbows down to hands. Drawing sensation in left leg as if too weak to raise from floor, pain around

region of heart with constriction of chest, unable to breathe deeply. Aching pain about heart which would last half a day at a time. Blurring before both eyes. Left eye feels as if swelled and puffy. Neck weak, seems too weak to hold the head up. Alternate constipation and diarrhœa. Reddish scaly lesions formed about the nipple of the right breast about four years ago, and about two years later the glands became indurated turning a dark blue color and having cutting burning pains. The pains radiate from the nipple, are worse at night. *Carbo animalis* 30x relieved the pain, and restored the color to almost normal; *Natrum muriaticum* seemed to decrease the induration to some extent, under *Phytolacca* the patient suffered no further inconvenience from the breast, but died in the South about three years later of dysentery.

The carefully selected homœopathic remedy for each case. gives the only hope for a permanent correction of the abnormality. Among the most frequently called for remedies you will find the following list: *Arsenicum album*, *Arsenicum iodide*, *Carbolic acid*, *Chelidonium majus*, *Cicuta virosa*, *Conium maculatum*, *Condurango*, *Carbo animalis*, *Euphorbium*, *Hepar sulphur*, *Hydrastis*, *Hydrocotyle asiatica*, *Kali chloricum*, *Kali phosphoricum*, *Kali sulphur.*, *Kreosotum*, *Lachesis*, *Mercurius corrosivus*, *Muriatic acid*, *Phytolacca*, *Psorinum*, *Sulphur*, *Sepia* and *Thuja*.

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## BRILLIANT RESULTS OF AMMONIUM MUR. IN GLANDULAR TUMORS.

By Dr. Stauffer, Munich.

I. Vincenz V., a mason, fifty-six years of age, has been sick from a swelling of the cervical glands, which has been developing slowly since 1900. On February 2, 1901, two of his relatives came to me and described his disease. The patient himself has been confined to his bed for several weeks and could not undertake the three hours' railroad journey required. I determined, even without examining the man, to undertake his treatment, as he could get absolutely no homœopathic treatment at his home.

The case was as follows: Quite gradually *glandular swellings* had developed on both sides of the neck, which continually in-

creased in size. These swellings also appeared below the clavicle, later on in the axillas and in the inguinal region. These swellings in some places were as large as a fist; the one in the left axilla was even larger. The physician treating him had diagnosed it as malignant new formations, and had given him *Arsenic* drops in larger and smaller doses for months, but the patient had become more and more wretched; and since the doctor had given him up, and he was so weak that he could not stand up any more, they came to me as a last resource. I prescribed *Calcareo jodata* 4, every three hours.

On February 10th the patient came himself and told me that two days after the first dose he felt a great relief and was able to get up, and in the succeeding days his strength increased, the swellings were neither as large nor as painful as before; but in the last days the improvement had made no more progress. An examination showed on both sides of the neck a series of tumors of the size of an egg. They were not very hard and some of them could easily be pushed along, while others were fixed firmly on their base. The skin was everywhere easily movable, but it was tense and of a shiny red. The tumors were very sensitive to pressure, but directly painful in the left axilla, where there was a swelling as large as a fist. He had not much use of his left arm owing to the pains and tension. There were similar tumors in the right axilla and in both the inguinal regions, but these were somewhat smaller and less painful. The patient is also very anæmic, bloated, especially in the face. He has no appetite at all and cannot sleep. The organs are sound, only deep in the abdomen he feels similar tumors. The diagnosis was malignant *lymphoma* and the prognosis accordingly was unfavorable.

Since *Calcareo jod.* had not acted any more during the last days I decided on *Ferrum sulph.* 3 trit., three times a day. This he received on account of his anæmia of high degree. The remedy had often acted well in light cases of Basedow's disease under my care.

February 19. His strength increases, the tension and redness on the neck are diminished; there are less pains, especially in the arm; the appetite is better, he can sleep more quietly and takes a walk every day. He looks decidedly brighter. The glands



themselves are unchanged, pretty soft, but as large as before. In studying the writings of Hugo Schulze some time before I had been struck by his recommendation of *sal-ammoniac* in *glandular swellings*. I could not find the passage again, but found in his "Sketch of Practical Materia Medica" also a reference to it as follows: "*The treatment of glandular swellings, scrofulosis and struma with frequently repeated small doses of sal-ammoniac is worthy of notice.*" Well, I gave *Ammonium mur.* 3d, a dose three times a day, with the most striking effect. On March 6 the glands have decreased by one-third and are less sensitive; his looks and his strength have improved.

March 17. Continued improvement on continuing the remedy.

April 11. An interposed dose of *Sulphur* 10; otherwise *Ammonium mur.* 3.

In May I saw the patient for the last time. He had then pretty well recovered, though, as the tumors had not quite disappeared, he kept taking the *sal-ammoniac*. Some days ago (Oct., 1904) his employer called on me with his daughter, who is also suffering from tumors on the neck, and he informed me that the man was in good health and hard at work.

This brilliant result was a great surprise to me and I am very thankful to Prof. Schulze for his brief remark, especially as I later on treated quite a similar case with the same good results.

II. The second case was that of a lady well up in the forties. She had been operated on in the hospital for lymphoma of the throat, but only two weeks after the wounds had healed up, and when her bandages had barely been removed, with incredible swiftness a relapse set in. In a few days the neck was more swollen than before the operation. Being asked my advice, I counseled against a new operation, which the lady had already determined on, and also gave her *Ammonium mur.* 3d, which at once checked the growth of the tumors and was followed by a gradual improvement. Now, after two years, little vestige remains of these disfiguring tumors and the patient enjoys a general good health. I will not call it a complete cure, but anyway it demonstrates the action of *sal-ammoniac*.

Now if we compare these cases with our materia medica we find in the prover's image of *Ammonium mur.*: Swelling of the neck, inside and outside, with pressure on swallowing, and draw-

ing lancements in the swollen glands of the lower jaw. Pulsating beating in the tonsils with restlessness and anxiety; a rush of blood to the glands of the neck. Swelling of the cervical glands, lancinating pains, mucus in the throat, much rattling of mucus in the morning.

In continuing the pathogenesis of *Ammonium mur.* additional symptoms guiding in the selection of this remedy will be found.

It is indubitable that the cure was effected according to the law of similars, although the choice of the remedy was due to another principle, for I was at first quite ignorant of the influence of *sal-ammoniac* on the glands, and had chosen the remedy, as shown above, merely owing to Schulze's remarks.—*Translated from the German Allg. Hom. Zeit.*

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### CLINICAL MEDICINE AND PATHOLOGY.

Notice:—The Bureau of Clinical Medicine and Pathology of the American Institute of Homœopathy wants the Names, Addresses and Subjects of Ten Contributors for the Atlantic City Meeting—not later than February 1st, 1914.

EDWIN LIGHTNER NESBIT, *Chairman.*

G. C. BIRDSALL, *Secretary.*

Dec. 26, 1913.

The *N. Y. Medical Journal* sapiently remarks that "the Pasteur treatment of rabies has certain weak points." So have they all—arsenic, hot steam, quinine, the mad-stone and the others; and, in the meantime, certain gentlemen declare that there is no such thing as rabies.

## THE SPECIALISTS' DEPARTMENT.

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EDITED BY CLIFFORD MITCHELL, M. D.

140 North State St., Chicago, Ill.

### OUR CONTRIBUTORS.

Dr. Frank Wieland, of Chicago, already mentioned as a contributor on genito-urinary diseases, has kindly consented to furnish us with general surgical notes also, one of which appears in this number.

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### THERAPEUTIC NOTES.

**Urethral Fracture.**—Dr. Frank Wieland gives the following particulars of an unusual case:

The patient is a physician. One day, in hurrying to respond to an obstetrical call, he slipped in getting into his car, and sat down heavily upon the bar between the seats. He had some perineal discomfort, but was quite unconscious of grave injury, until he attempted to urinate an hour or so later. While the urgency was extreme, he was unable to pass a drop of urine. He suffered greatly until he had accomplished the delivery of his case. He then drove several miles to a neighboring physician, who attempted to pass a catheter, but failed. This physician then carried him in his car twenty-five miles to the nearest city, where, under anæsthesia, further attempts were made at catheterization. These being attended with no success, a supra-pubic puncture was made and the bladder drained. The canula of the trocar was removed, unfortunately, so in a few hours the patient was in as bad condition as before.

He was brought to Chicago that night, ten hours after his first signs of trouble. As it had been quite impossible to pass a catheter little further attempt was made to do this. It was thought that by making a supra-pubic incision it might be possible to pass a catheter through the bladder neck, and thence through the urethra. However, the catheter balked in the perineal tissues. A perineal incision was made, which revealed the torn ends of the urethra, one lying above the other the distance of an inch. By

passing a metal sound through the meatus, it was possible to tie the catheter (which extended through the bladder neck into the perineum) to the olive point of the sound, and thus the torn ends were placed in apposition. The physician was back at his work, doing country driving, in three weeks, and has had no trouble since.

Naturally the first thought will be that the urethra was torn by the catheters. Had this been the case, the chances are that a false opening would have been made in the urethra, instead of its being broken quite cleanly across. Also, as the doctor had never had any urinary difficulty before, and the first physician who saw him was not able to pass a catheter, it seems probable that the injury was that of an urethral fracture.

**Psoriasis.**—Dr. Emil H. Grubbe, of Chicago, states that the X-ray is the most reliable therapeutic agent we have for psoriasis. No other remedy produces such striking results—a single treatment often producing temporary cure. Symptomatically considered, all cases of psoriasis can be cured by X-ray treatment.

**Convergent Strabismus and the Family Physician.**—Dr. G. M. McBean says that practically every cross-eyed child can be cured without operation if treatment is begun as soon as the convergence is noted. Every child who is not put under proper optical treatment within six months after the onset of convergence develops more or less blindness in the converging eye. Every physician who tells a cross-eyed child's parent or guardian that the child will outgrow the trouble, or to do nothing until the child is older and then operate, is guilty of malpractice in fact if not in law. A child of two years, and even less, will gladly bear properly fitted glasses to cure his convergent strabismus.

**Conditions to be Diagnosed by Curettage.**—Dr. A. B. McBurney's list:

1. Normal mucous membrane.
2. Hyperplastic mucous membrane.
3. Endometritis.
4. Carcinoma of uterus.



5. Sarcoma of uterus.
6. Tuberculosis of uterus.
7. Pregnancy if placental and decidual membrane found, curettage will heal.
8. Placenta and decidua plus signs of endometritis. This we call "double finding," and curettage will not heal entirely, on account of the infection.
9. Malignant chorio-epithelioma, a condition not rare, but rarely diagnosed. Very malignant, may kill in three or four weeks.

**Facial Eruption Cured by Radio-Active Solution.**—Mr. J——, a young man, while in South Africa became a sufferer from enteric fever. After recovery permitted him to leave the infected district, he was afflicted with a vicious form of eruption on various parts of the body, but especially a rash on the face, of intense burning character. It was very red and extremely irritating. It was almost impossible for this man to shave, and it was quite as impossible for him to go from day to day without shaving. "The latter often," he said, "simply tore his face to pieces." He had traveled the world over and had hunted everywhere for both relief and cure. Hypodermic injections of Radio-active solution gave him the greatest comfort of anything ever tried, and his face is now almost cured. His tropical disease is unknown here, and it is fortunate that it is. (Dr. E. S. Bailey.)

**Notes on Internal Medicine.**—Dr. Fritz C. Askenstedt, of Louisville, gives us the following:

That chronic interstitial nephritis is primarily a sclerosis of the arterioles of the kidneys, as advocated by Martin Fischer, seems well borne out by clinical experience.

An aortic systolic murmur in a patient over forty usually means a dilated aortic arch.

The effect of commercial pepsin in prescribed doses for gastric indigestion is nil. The stomach requires each twenty-four hours from ten to twenty pints of gastric juice for normal digestion.

**Obstetrical Aphorisms.**—Dr. J. T. Bryan, of Louisville, contributes the following:

Fatal hæmorrhage from an insecurely ligated cord is possible—be not deceived.

Loss of blood to the newborn is a serious matter. Often the child is weeks and months in making it up, and it may initiate an anæmia that eventually proves fatal.

Dr. Gilbert Fitz-Patrick, of Chicago, advises as follows:

**The physical formation of the patient** must be seriously and carefully studied. It is astounding how many mothers and babies have been sacrificed because of the physician's failure to give proper consideration to this subject.

**Obstetrics is on the same plane as surgery** and should be so placed. Every physician should be equipped with every instrument that can possibly be required, and should be expert in its use before attempting to practice.

**Skin Diseases.**—Dr. Frederick M. Dearborn, of New York, cures **epithelioma** by both fractional and massive dose of the X-rays; **leprosy** he has cured in two instances, one with *Hydrocotyle* 3x, the other with *Nastin B*, hypodermically; **dermatitis exfoliativa** is cured by him with inunctions of olive oil and administration of *Belladonna* 6x; **psoriasis** he treats successfully with *Hydrocotyle* 3x and *Arsenicum album* 3x.

## GENERAL LABORATORY TECHNIQUE.

JULIUS A. TOREN, M. D., CHICAGO, ILL.

**The benzidine test for blood** in urine, fæces, or gastric juice is, in the writer's opinion, the most satisfactory of all tests for this purpose, being extremely sensitive, reliable, easy of performance, and giving the end reaction in a much shorter time than most blood tests.

There are certain precautions to be observed in the case of fæces or gastric juice: oxidizing enzymes must be killed by boiling the specimen under examination, the utensils used must be absolutely clean, and meat, green vegetables, and salts of the heavy metals (especially preparations of iron) must be excluded from the diet; the presence of pus in large quantities must also be excluded by microscopical examination (stained specimen). In the case of urine the specimen *must* be freshly voided. It must

always be borne in mind that a positive reaction must be verified owing to possible complications and contaminations.

To perform the test add 2 c.c. of chemically pure glacial acetic acid to a small amount (0.5 gm.) of benzidine in a small test tube, and shake until enough of the benzidine has been dissolved to give the liquid a distinctly brownish color. Then add 3 c.c. of fresh hydrogen peroxide, U. S. P., and mix. By means of a pipette, carefully float on top of the above mixture one or two c.c. of the specimen to be examined (urine, gastric juice, or a watery suspension of feces) the two latter of which much have been boiled to kill enzymes and then cooled before testing.

Within one to two minutes a zone of greenish-blue color will form at the juncture of the two fluids, if blood is present to the extent of one part in 40,000, and in five to ten minutes, if present to the extent of one part in 300,000.

Dr. Wm. A. Groat, Syracuse, N. Y., has proposed a modification of the standard Adler test as given above, which he claims increases the extreme delicacy of the reaction. His method consists in the addition of barium dioxide in an amount equal to that of benzidine used. The addition of acetic acid liberates a large amount of nascent oxygen, and at the same time the mixture is not diluted as it is when peroxide of hydrogen, U. S. P., is used. This solution is used in exactly the same way as the Adler test given above.

Either of these solutions may be used for the micro-chemical test as follows: The dry particles or watery suspension of the substance under examination are placed on a slide and covered with a cover-glass. Using the low power, a few drops of the reagent are dropped at one side of the cover-glass. If the specimen is dry, the solution will run under the cover-glass producing a blue ring around blood particles. If the specimen is moist, the solution may be drawn under the cover-glass by applying a piece of blotter or filter paper to the opposite edge of the cover-glass.

## RENAL THERAPEUTICS.

BY CLIFFORD MITCHELL, M. D.

**Adenoma of the Kidney.**—The writer recently had opportunity, thanks to Dr. T. Bacmeister, of Chicago, to make an analysis of

the urine of a female patient (complaining of pain in the loin), which showed the following conditions:

Volume in 24 hours .....	625 c.c.
Specific gravity .....	1018.
Acidity .....	36°.
Appearance .....	Smoky.
Total solids .....	26 grammes.
Urea .....	9 grammes.
Phosphoric acid .....	0.81 grammes.
Uric acid .....	0.17 grammes.
Chlorides .....	1.58 grammes.
Ammonia .....	0.32 grammes.
Indican .....	Marked.
Albumin .....	1/20th per cent. wt.
Hemoglobin .....	Traces.
Microscopical—Blood corpuscles including shadows.	
Connective tissue shreds abundant and large.	

The diagnosis of renal tumor was made on account of the presence of blood shadows and abundance of connective tissue, together with absence of pus and crystals. Operation showed a kidney double the size of normal, due to a growth in the pelvis which, being examined, proved to resemble an adenoma. (See *Diseases of the Urinary Organs*, p. 347.)

**Papilloma of the Bladder.**—The writer saw a case with Dr. Runnels in which the clinical history and symptoms pointed to papilloma of the bladder as described in *Diseases of the Urinary Organs*, pp. 461 to 474. In this case the freshly voided urine contained a large number of blood corpuscles but almost no blood shadows, whereas in the case of the renal tumor described above the blood shadows were a feature. Hence in Dr. Runnel's case the writer inclined to the view that it was a bladder growth, and advised cystoscopic examination, which showed presence of a papilloma in the bladder.

The writer thinks that not enough attention has been given to the presence or absence of blood shadows in freshly voided urine as differentiating renal conditions from bladder ones, especially in the case of growths, the location of which is in doubt. Thus far operation when performed has invariably confirmed the opinion based on this simple diagnostic measure.



In making the diagnosis, freshly voided acid urine is a necessity, and the examination for shadows should be made within an hour or two. In alkaline urine the findings are unsatisfactory, as blood shadows may be present in the freshly voided urine in bladder conditions in sufficient number to confuse the examiner. Yet even in these cases observation of a comparatively small number of the shadows should aid in the diagnosis of a vesical hæmorrhage.

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### REPLY TO DR. FREEMAN.

Dec. 10, 1913.

*My Dear Doctor Mitchell:*

To-day my attention was called to Dr. Freeman's article, "A Question of Obstetrics," in the November issue of the HOMŒOPATHIC RECORDER. I thank the doctor for writing as he did; it gives me the opportunity to clear away misunderstanding.

The article is not based upon what I said, "WITH THE OCCIPUT OCCUPYING THE HOLLOW OF THE SACRUM," but upon the doctor's interpretation, "DELIVER THE OCCIPUT IN O. P. POSITION WITHOUT ATTEMPTING ANTERIOR ROTATION," of what I said. The accuracy of this statement is sealed by the method described for securing rotation. Listen! ". . . and the occiput will easily rotate from R. O. P. to R. O. A., describing an arc of  $\frac{1}{4}$  of a circle." Not one word anywhere as to how to get the occiput out of the HOLLOW of the sacrum—as to how to convert a DIRECT POSTERIOR position into a RIGHT or LEFT posterior. And then, too, rotation of the occiput from the HOLLOW of the SACRUM to R. O. A or L. O. A. necessitates describing a greater arc than that of  $\frac{1}{4}$  of a circle, and, I add, endangers both mother and child to a far greater degree than does delivery as a direct posterior position, the head thoroughly flexed and the OCCIPUT, not the bregma or brow, being first delivered. In this way delivery can be safely accomplished, I know.

Sincerely yours,

J. T. BRYAN.

## POINTERS.

Bram (*N. Y. Mde. Jour.*) on diet in typhoid, writes concerning the use of olive oil: "In many cases the patients even show a gain in weight during convalescence over and above their weight before the onset of the disease. As a laxative, olive oil has no equal in typhoid fever. By its bland, soothing influence it permits the intestinal contents to escape without irritating the inflamed Peyer's patches and thus the tendency to intestinal hæmorrhage is diminished. Kept clean and free from gas-forming elements, the intestine is practically never distended, and there need, therefore, be but little fear of perforation. A high rectal injection of lukewarm olive oil as occasion demands also gives very gratifying results."

"For several years I have included *Kali mur.* in my list of case remedies, and during that time have frequently found symptoms which promptly yielded to its influence."—*Fyfe*.

Do not forget *Skookum chuck* 3x in chronic skin ills. It is the triturated salts of the Medical Lake famed among the Indians as the great healing agent for all skin diseases. It is a really fine remedy.

Dr. W. Leming, Tucumcarl, N. M. (E. M. J.), says that 10 to 15 drops of *Aconite* in 4 ounces of water, a teaspoonful of the solution every ten minutes, will soon quiet the extreme restlessness due to the use of cocaine. Worth noting if you have to do with "coke" fiends.

Dr. Leming also says that *Chimaphila* "will clear up the cloudy, stinking urine in old cases of cystitis." Material doses, of course. This has been repeatedly stated and as often denied.

Diarrhœa in fowls is best treated with homœopathic *Arsenicum* put in their drinking water or food. With eggs a national issue this is worth noting.

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## EDITORIAL NOTES AND COMMENTS.

THE SPECIALIST'S DEPARTMENT.—Concerning this new feature of the RECORDER the *Clinique* remarks: "Dr. Clifford Mitchell and Dr. Julius A. Toren are regular contributors for the HOMŒOPATHIC RECORDER. We are sorry they cannot confine their work to the *Clinique*." Perhaps a word of explanation may not be amiss here. Dr. Mitchell asked the RECORDER's editor to stop over in Chicago on his return from the Denver meeting of the A. I. H. and call on him. At this interview Dr. Mitchell broached the subject in a general way. The result was that we offered him a certain amount of space each month in which he was to have a free hand within the limits that publishers impose on all editors. The general idea is to let the world know that Homœopathy has specialists in all branches of medicine, and good ones. The RECORDER was approached for this work, probably because of its large and literally world-wide circulation, and hence, because of the fact that it can afford to give Dr. Mitchell more space than journals having a smaller circulation. We do not regard other homœopathic journals as competitors, but as comrades in the good cause, we rejoice in their prosperity and sincerely regret when any of them suspend publication.

IS ANOTHER SCIENTIFIC SMASH COMING?—The query arises from a paper by Dr. C. G. Davis, of Chicago, read before the Tri-State Medical Society, and reprinted in *Clinical Medicine*. The current teaching is that disease is due to outside causes, such as bacteria. Mrs. Eddy teaches that disease is a mental error.

As expounded by Dr. Davis disease is largely a matter of mental emotion or "the effect of thought upon bodily function." The subject cannot be gone into here in detail, but the following proofs—if such they be—are taken from the paper to show the drift, cases from medical literature. Fear, rage or fright as causes of Grave's disease, diabetes, acromegaly, anæmia, defective nutrition, Basedow's disease, gout, nervous diseases, and many others. Also cancer noticeably increased after the siege of Paris, and diabetes after the bombardment of Strassburg. Well, reader, there you are! The RECORDER but records this, a passing fancy or a coming event. If it comes, what has our "regular" brethren in his armamentarium to meet it? If it ever be accepted that mental disease (for that is what these abnormal emotions are) is the root of physical ills then men will be forced to turn to Homœopathy where the mentality is an important guide to the curative remedy. Truly, so far from Homœopathy fading into the fold of old medicine, it stands out more distinctly every year as the clean-cut fundamental of all curative medicine.

WHAT WILL HAPPEN.—The always entertaining and sometimes instructive *Clinical Medicine*, of Chicago, raises the bug-a-boo of Malthus by asking what will happen when alkaloids have banished disease and men live for ages? It is a great problem, but, perhaps, mankind will become like the tropical vegetation of the carboniferous age and form deposits that will supply the survivors with gas to warm them for centuries to come. This solution of the problem is merely suggested as a philosophical probability—if there be such a thing as a philosophical probability.

DO GERMS THINK?—One of our exchanges puts this question: "Do such atoms think? Are they really conscious beings?" Why, dear brother, do not you see that your question is heading Scientific Medicine back into the old doctrine of demonology? So long as you confine yourself to saying that the disease is due to this, that or the other "coccus," you are reasonably safe, but when you go beyond the terms of bacteriology you land—where? Apparently in the most ancient doctrine of medicine.



PROGRESSIVE THERAPEUTICS.—At first there was "606," and good people got excited because it would "make vice safe"—Oh! the guileful German advertiser! Then followed the "ads" of "Salvarsan." This was followed by "Neo-Salvarsan," and now, according to the *British Medical Journal*, "we have arrived at a further stage," namely, the "concentrated solution of Salvarsan." Each in turn was as sure a cure as was ever advertised in a country weekly—just about as sure.

A DIAGNOSTIC POINT.—When small-pox occurred in Sidney, Australia, there were thousands vaccinated. Then for the first time a peculiar sequela was noticed, though it probably always followed and written about by several physicians. The *Lancet* summarizes this condition as follows:

It usually begins in the third week after vaccination as a severe pain deep in the epigastrium. It may be associated with vomiting. After some hours the pain settles in the back in the mid-dorsal region and is persistent and agonizing. It is aggravated in the recumbent position, so that the patient prefers to sit up, or even walk about. Its severity is such that if its cause is not suspected biliary colic, acute appendicitis, or other grave abdominal condition may be diagnosed. In one case, which Dr. Morton saw in consultation, the condition of the patient seemed so alarming that a high intestinal obstruction had been suspected. Sleep is impossible partly from pain and partly from extreme restlessness. Once aware of the occurrence of this sequel the diagnosis is not difficult. The symptoms and signs do not conform with those of the ordinary abdominal conditions. The pulse is rather slowed than quickened, the abdomen remains soft, and there is no definite tenderness. The early transference of the pain from the abdomen to the back and the restlessness make a characteristic picture quite unlike that of any acute abdominal condition except biliary colic. The nature and distribution of the pain bear a close resemblance to the gastric crises of locomotor ataxia. The only means of giving substantial relief is the administration of a full hypodermic dose of morphine, and to repeat it if necessary.

In these days when the orthodox are vaccinating for so many things the quotation from the *Lancet* merits a careful reading and, incidentally, thought. This condition does not follow every case, but it was sufficiently frequent to cause widespread attention from the Australian physicians.

APPENDICECTOMY.—The *British Medical Journal* has started a buzzing among the English doctors by printing Dr. R. Hutchinson's letter, headed "The Craze for Appendicectomy." The gist of the matter is this: That there is a strong suspicion that many cases operated on for appendicitis are not appendicitis, and that the surgeons owe it to the doctors to state the facts in each case. So difficult is the diagnosis that one doctor writes: "Indeed I feel inclined to advocate the introduction of a new rite for babies, that by elimination of this perplexing cause of doubt we may the better be able to differentiate and advance the cause of diagnosis between other varieties of stomachache." Some years ago an English doctor (not a homœopath) wrote that he had treated somewhere about 500 cases of "appendicitis" with enemata of olive oil and never had to call for an operation because they all got well. So the matter stands, and, in truth, the *RECORDER* is but following its name in recording what is stated in the matter. It must not be supposed that all are on one side in this interesting discussion, for one gentleman boldly declares, "when in doubt, operate." Inasmuch as all cases are doubtful, according to some of the combatants, this, as it were, settles the matter for one side at least. It is a hot discussion, and the English journals are full of it.

THE CURE OF TUBERCULOSIS.—The following from an editorial in the *British Medical Journal* will be a disappointment to many enthusiasts who think tuberculosis can be "stamped out:"

Statistics of the results of treatment of tuberculosis in civil hospitals and sanatoriums have been lavishly supplied of late years, and a certain uniformity is to be noticed amongst them, generally showing a very high percentage of recovery among incipient cases, but not, as a rule, affording much evidence of the duration of freedom from relapse. Attempts have been made to record "completed cases" by the medical authorities of the United States Army, and we gather, from the reports for 1911 and 1912, issued by the medical officer in charge of the General Hospital at Fort Bayard, in New Mexico, that a large number of consumptive soldiers are treated in that institution, and that the results are by no means so encouraging as they would appear to be in the civil hospitals to which we have referred. Although classed as "completed," such cases can hardly be regarded as permanently cured.

It is doubtful if any constitutional disease can be eradicated

by anything except homœopathic treatment. This may seem to be an arrogant statement, but if Homœopathy is the "law of cure" there is no escape from that conclusion, for what is called Nature does not allow two laws for a given end. Fresh air and proper feeding may hold the disease in abeyance, but it is there just the same ready to break out afresh if conditions favor it, as the above quotation shows.

"SCIENTIFIC BASIS FOR VACCINE THERAPY."—This is the title of the leader in *J. A. M. A.*, Dec. 13, by Dr. R. M. Pearce, of Philadelphia. In his "summary" of the paper he concludes, among other things, that prophylactic vaccination rests on a scientific basis; that curative vaccination has no sound basis and that "the only logical method of vaccination is the use of 'auto-genous' vaccines, as the mixed vaccines are unscientific and non-ethical." There is also the hint that only the highly trained man should handle this therapy. The fact that autogenous vaccines only should be used is rather hard on the enterprising laboratories who are advertising vaccines.

HERPES ZOSTER.—The *Lancet* editorially remarks that "Certain sequels of herpes zoster—neuralgia, modification of sensibility, muscular atrophy, cyanosis and œdema—are well known, but articular or osseous lesions are little recognized," and then gives a number of instances, chiefly from French authorities, of such lesions. Whether these more serious ills follow homœopathic treatment is a question that the experienced homœopathic physician only can answer. If the "regular" treatment is purely external or suppressive, and it is "well known" to have the above named sequels, it looks as if it were a confirmation of the doctrine taught by Hahnemann in *The Chronic Diseases*.

REFORMING "HABITS."—The good people put down liquor (in many places) and morphine took its place; they put down morphine and cocaine took its place; they put down cocaine and heroin takes its place; they may put down heroin and something else will come up, for according to the eternal homœopathic law cures, *i. e.*, reforms, must proceed from within outward. To cut off the supply is not a cure but a suppression, the disease remaining and

it will surely break out despite all the prohibitory laws from Maine to Texas. Deep down you will find in this matter the same difference that exists between what is broadly known as allopathy and Homœopathy. Allopathy stands for suppression, for cleaning the outside of the cup and platter, while Homœopathy stands for cleaning the inside.

Incidentally it is said that a drug house recently received an order for 20,000 heroin tablets,  $1/6$  to  $1/12$  grain, that many every week. (*Medical World.*)

MEDICAL LAWS.—For years the political managers of the A. M. A. have been edging in on the civil law, one rule after another regulating the practice of medicine. On the surface these laws are very plausible but beneath it comes nearer to assinineity, for, in fact, the legislators know nothing of medicine nor do the lobbyists know much more. But every law that is passed requires officers to enforce them, and so new officers with more or less comfortable salaries are created, and quite often the men who know more about wire pulling than they do about curing disease get them, and we ask why does the cost of living increase? The druggists seeing with what ease the "regulars" got things past the legislators concluded to take a hand at protecting the public, and their own business. Let one sample suffice. In Arizona a copy of every prescription given a patient must be kept for five years, "always open for the inspection by the proper authorities," *i. e.*, place holders. Furthermore, no physician can give a drug for longer than three weeks without permission of the health board.

THE CAUSE OF DIPHTHERIA.—Dr. W. M. Alter, of England, Ark. can anything come out of Arkansas? you ask), in *Cal. Ec. M. J.*, writes that from his experience he does not believe that diphtheria is very contagious, but that the conditions causing it are atmospheric, acting on previously injured tissue backed by fear in epidemics. At first glance the element of fear seems to be unfounded seeing that the disease is so largely confined to children, but any one who knows how children will follow one of their set who is looked upon as a leader will realize that there may be something in it. However, Dr. Alter, your ideas will not go, for is not medicine now largely regulated by State appointed



boards? If you depart from the legally prescribed way of this, the deepest of sciences, you are apt to be contemptuously thrown into the discard. Go to the legislators, thou doctor, and learn wisdom.

ECHINACEA.—One of the curious problems of the day is, Where does "The Council" get its wisdom? A correspondent of the *Journal A. M. A.* asks the editor about the values of *Echinacea*, and that gentleman replies that "The Council" did not deem it "worthy of recognition." It may seem to the many physicians (of all schools) who have prescribed this drug that if "The Council's" opinion concerning other drugs is on the same level with this one none of those opinions are worth much. Some bold, bad doctor ought to write the editor and ask him upon what ground the opinion concerning *Echinacea* is based.

HEROIN THE NEW PERIL.—Our beloved Uncle Sam, through his efficient Department of Agriculture, sends us "released" copy under the heading, "Use of Heroin Spreading Rapidly Among Drug Fiends." Heroin is the proprietary name for a derivation of morphine chemically known as "diacetyl morphine." It has the disadvantage (or advantage, if you are of a cynical turn) of killing its users if they take an overdose, and is "far more dangerous for drug users than morphine or cocaine." Since the laws against the use of other things have been enforced the sale of this dangerous drug has enormously increased; in one city the coroner having found five deaths from heroin. These are the bald official facts, but back of them stands another fact, older than the Sphinx, but apparently unknown to-day, namely, that you cannot reform humanity by legislation. Every time something is prohibited something worse takes its place, for the *desire* for the devilish remains in humanity, and if stopped in one direction it will break forth in another, and it is at the bottom of all our woes. This view is not popular with the earnest men and women who swarm at our State Capitols advocating almost as many reform measures as there are lobbyists, from V. for W. to anti-vivisection, from inspecting school children to establishing a medical hierarchy, but it remains a grim old fact just the same. The old way was to punish the sinner against the common good. The modern way seems to be to reform him by an Act of Legislature.

POLIOMYELITIS.—Dr. Paul B. Roth (*Lancet*, Nov. 15) writes of a "small epidemic of poliomyelitis," six cases in five villages, in six weeks. He is puzzled as to the mode of infection because even in the village where the two cases occurred "the two lived under entirely different conditions and had never met," and "they were attacked four days apart." These few words opens a big field. Dr. Roth assumes that the disease must have been from infection. The alternative is that it developed from—what? Genuine science cannot rest on theories but on facts only. Dr. Roth rests on the theory of infection, but is it a fact? He is inclined to believe that these cases resulted from the bites of a fly, the *Stomoxys calcitrans*, a stable fly. No one can prove that his theory is not correct. Yet some will consider the fact that there were only six cases in five villages presumably infested with these flies. In the same issue of the *Lancet* Dr. Geo. Jubb gives a report of eight cases of the same disease at West Kirby. The first occurred July 11, 1912, and the last case on Aug., 1913. The town is said to be ideal as regards water supply and sanitation. As to the means of infection Dr. Jubb writes: "The infection *might* have been carried by flies"—the *italics* are his—but he inclines to the belief that it is due to lice of domestic animals. May it not be within the bounds of reason that these cases were not due to infection but developed in the patients? It may be well to keep an open mind in such things for it is possible that this generation has not reached the end of science or the limit of wisdom.

FUN FOR SOME.—(The following is original with the *Journal A. M. A.*, otherwise it would not be copied here. It is decidedly humorous, but—oh, well! Here it is:)

Mr. Jones was operated on for appendicitis. He was placed in a small ward to recover from the anæsthetic, his bed being between that of two patients previously operated on. As he awoke from the anæsthetic he said, "Thank heaven, that's over!" "Oh, no," said the patient on his right, "when I was operated on, the doctor left a sponge and had to go back and get it out." "Yes, indeed," said the patient on the left, "and when I was operated on the doctor left the scissors and had to go back and get them." Just then the surgeon put his head in the door and asked, "Has any one here seen my hat?" and Jones fainted.

The big journal of the A. M. A. gets off this to amuse the doctors and then will rage against the "cults" that are growing to enormous proportions. You see the point?

DOCTORS SHOULD NOT BE PRACTICAL JOKERS.—The *N. Y. State Journal of Medicine* quotes the following from a New York newspaper, and then reads the joking doctors a severe lecture for their "buffoonery:—"

One evening a masquerade ball was in progress on board a trans-Atlantic liner when Dr. Blank rushed forward. Stop the music! Doctor Nemo has been taken seriously ill and an operation may be necessary. Instantly the music stopped and the dancers went slowly and with hushed steps to the dining-room, where the patient lay white-faced and groaning heavily. Fifteen medical men stood round the sufferer. Two of the surgeons dressed in operating clothes, gloved hands, and muffled faces, dipped their instruments in antiseptic solutions. With a quick hand the practical operator made an incision. Men held their breath and women gasped. The surgeon's hand came out. The awed spectators gradually became aware that he held in his hand an enormous ham. But it was only when the patient sat up and in deep tones demanded a glass of beer that the semi-hysterical onlookers realized that they had been hoaxed.

HUMOR.—Apropos of the foregoing comes to mind an anecdote related to us by the late Dr. Farrington (of *Clinical Materia Medica* fame). A club of Philadelphia physicians gave a dinner to a visiting English homœopathic physician. One of the guests was late in arriving, and was greeted by a friend, "Well, doctor, have you at last succeeded in killing that patient?" The Englishman stared at this and the laughter it caused, and then whispered to Farrington that if any one so addressed him he would knock him down. What passes for humor with one race may not be so regarded by another race, and so it seems to be the part of canny wisdom not to be too funny in mixed company. In politics they say no man can succeed to high estate who has the reputation of being a very funny man.

ASTROLOGY IN MEDICINE.—Dr. Charles A. Mercier has recently been delivering some lectures on this subject before the Royal College of Physicians, London. Needless to say they are interesting, especially the ironic conclusion, which reads:

Surely we had every right to despise those who attributed all acute diseases to the influence of the moon and all chronic ones to that of the sun, and the "Black Death" to the conjunction of Mars, Jupiter, and Saturn in Aquarius, for we now knew with assured knowledge that all acute diseases were produced by intestinal stasis, and all chronic diseases were due to that blessed combination of words—alimentary toxæmia.

"HE THAT INCREASES KNOWLEDGE INCREASETH SORROW."—The following is clipped from a very long lecture by a man with eight letters after his name. The lecture was on "The Degeneration of the Neurone." Here is one clipping:

"A pure primary decay of the neurone has been termed by Sir William Gowers 'abiotrophy.' Many of these conditions of abiotrophy are associated with chronic inflammatory changes, and it is very difficult to say how far these cause the decay of the neurone or are the result of it; certainly a proliferation of neuroglia tissue may result from simple atrophy and decay of the neurones, but a perivascular lymphatic infiltration with lymphocytes and plasma cells are evidence of a reaction to the poison."

There is column after column of this learning, but, so far as can be seen, not one suggestion of a *cure* for it—not of the learning but of the degenerated neurone. Probably Solomon had this sort of thing in mind when he wrote the words that preface this note, for of what avail is it for an honest doctor to pour over syphilitic meningo-encephalitis, parenchymatous meningo-encephalitis, trypanosoma gambinose, spirocheta palladium, trypanosomiasis ugandensis, perivascularitis, neuroglia proliferation, pullulation of the specific organisms, and much more of the same character if the result is therapeutic vacuity? To some unlearned minds the following from the same paper comes like—something understandable. "The great difficulty is that the search for spirochætes in the brain is like looking for the proverbial needle in a hay stack." We all understand that—and some wonder what you would do if you found spirocheta there. Cannot every one see that the homœopathic symptomatology looms as a beneficent giant in this maze of learning that but "increaseth sorrow."

CONCERNING DIAGNOSIS.—That was a curious but typical paper read by Dr. C. L. Sherman, of Luverne, Minn., at the last meet-



ing of the Minnesota State Medical Association, an abstract of which is given in the *J. A. M. A.* The tenor was that many cases are commonly diagnosed as grip that are not grip. His argument is based on a careful examination of 14 cases. Apparently they all presented about the same symptoms. All had fever, infection of upper passages, sore throat, cough. Twelve had headache, 13 pain in back and limbs, and all had prostration out of all proportion, as is usual in influenza. The point of the paper is that the influenza bacillus was found in only two patients, and in one of these was no headache or pain. The other 12 cases presented varying bacilli. From this Dr. Sherman concludes that there were only 2 cases of influenza. The alternative is that the disease and bacilla are not synonymous—as many men are coming to suspect.

THE MEDICAL JOVE.—His Olympus is Dearborn St., Chicago, where there is no Mt. His thunderbolts strike old and respectable allopathic journals, and they—wilt. He hits their advertising pages only, whereas the fact is that the most vulnerable part of their armor is their science. Jove says they advertise things that are not so, and—Biff! a thunderbolt hits 'em. Jove says they should not deceive the people, *i. e.*, the profession. Therefore, it must follow that his advertising pages are impeccable. Granting this, doctor, you can find in his journal's advertising pages remedies that will do the following things that, in your ignorance you thought to be impossible for any medicine to certainly do: A preparation at so much per that "controls anæmia;" what that means only the gods know. On another page you are told how for \$5.00 you will be able to tell whether the patient is syphilitic. On another page you find something (with the Jovian backing else why is it there?) that is "guaranteed to be a most powerful germicide," otherwise "germ killer." Now as all disease is "the result of germs," and this is guaranteed to kill them, why go any further? But there is much more, some of them against which no carper can carp, as, for instance, something "for injection" in gonorrhœa; that's all. There is another thing that gives gratifying results in rheumatism, gout, uricacidæmia, arthritism, gravel, nephritic colic, glycosuria, pyelitis, chronic cystitis and arterio-sclerosis; surely a magnificent thing! And then there is a "de-

pendable remedy" advertised for varicose ulcers, ulcerating syphilides, tuberculosis and diabetic ulcers, eczema, burns, herpes, "etc." These are a few things taken at random. They may be very good, but can Jove scientifically endorse them and conscientiously hurl thunderbolts at their rivals? The whole outfit is commercial, and in a manner demonstrates that the homœopathic physician who knows what he prescribes, and why, is the only therapeutic scientist.

NO SPECIFICS.—C. H. Lavinder, Surgeon, U. S. Public Health Service (*Public Health Reports*, Nov. 21), in a paper on pellagra says that "The Italian school continues to ring changes on the corn theory, while the American school seems largely inclined to regard pellagra as an infectious disease of some undetermined nature." He thinks that a "frank agnosticism, backed up by a healthy spirit of criticism" is the best attitude. As for treatment he writes: "The patient and the doctor alike all seek some specific remedy for this, as well as for other diseases. There is none for pellagra, and there is none for the vast majority of our diseases." Is not that the soundest kind of homœopathic doctrine—as far as it goes? Treat each case according to its symptoms and history.

FROM AN OLD LETTER.—This letter is published in *Le Propagateur de L'Homœopathie* of last August. The letter, dated Prague, Bohemia, May 30, 1819, is from Count Buquoy, to Monsieur Deleuze, of the Jardin des Plantes, Paris. After mentioning the fact that the therapeutic system of "l'ingenieux docteur Monsieur Hanemann" (so he spells the name) differs from everything medical of the past, he writes: "I have seen the radical cure of a chronic migraine of five years' duration, from which the patient suffered severely, by the millionth part of a drop of *Faba Ignasi*," or, in other spelling, *Ignatia*. After giving some details of the methods of Homœopathy he adds that when a patient comes for treatment he is subjected to severely simple diet for a few days, in which especially other drugs, tea, coffee, liquor, tobacco, perfumery or anything affecting the nerves is forbidden. In short, the patient had to lead the simple life.

THE EXECUTIONER OR HANGMAN.—The recent death of Berry, the ex-hangman, led a correspondent of the *Pall Mall Gazette* to suggest that the putting to death of criminals be regarded as a major operation and be entrusted to the medical officer. *The British Medical Journal* rightly says that this is in bad taste, but it moves the editor to quote some rather curious history recently published by Kristian Caroe, who tells us that in mediaeval times the executioner in addition to chopping off heads, which he had to do neatly else he was liable to be mobbed by the spectators, also was called at times to cut off fingers, hands, arms, feet, strips of skin, draw and quarter, all of which gave him a certain skill, which in time was employed in alleviating or repairing injuries and, so according to this Danish writer, was evolved the art of surgery. In addition to carving up the condemned the expert was often called upon to burn men or women at the stake, drown them in sacks, bury them alive, brand them with hot irons and the like. The invasion of the surgical field by the executioners caused the regular surgeon, or "bartskaer," to complain to the authorities of these irregular practitioners. Whether the "bartskaer" was a barber is not stated by the *Journal*, and our Danish is rather rusty. The nearest approach to the suggestion of the *Pall Mall Gazette's* correspondent prevailed once in Europe where the condemned were sometimes turned over to doctors to be put to death by drugs. Some of the symptoms in the *Materia Medica Pura* were gleaned by Hahnemann from the records of these heroic "provings."

EXPERIENCE WITH ANTITOXIN.—"From January, 1911, to January, 1913, I was acting health officer for Lewis County, Ky., and through the influence of the State Board was able to furnish antitoxin to the Lewis County physicians at about one-fourth the cost of that bought from the dealers. I kept an account of that used, the number of cases treated, with the results as reported by those using it.

"In one of the many beautiful little valleys bordering a small stream in Lewis County reside two physicians, whom, for convenience, we will call A. and B. Their surroundings are the same, their patronage among the same class of people of about equal rank, culture and financial condition. During the fall and winter of 1912 we had an extensive epidemic of diphtheria all over the

county. By care in sanitary measures we kept it out of the county seat, except four or five cases in the outskirts of the town. Physicians A. and B. had the same number of cases, fifty-three or fifty-four. A. used sixty dollars' worth of antitoxin, B. used five dollars worth. A. had three more deaths than B., one of B.'s cases being laryngeal diphtheria, or in common parlance, membranous croup. We may further state that A., as a rule, was called and used the serum early, so that delay in its use can not be charged as a cause of the failure. These statistics are not padded, puffed, biased on prejudice against the medicament, for any and all of us would gladly welcome any mild measure which would insure better results.—Dr. J. M. Wells, Vanceburg, Ky., in *E. C. M. J.*, Dec.

THE MARCH OF SCIENCE.—Dr. Woods Hutchinson is credited with the following extensively quoted paragraph: "A friend of mine, who is very enthusiastic about the possibilities of eugenics, says that the time will come when women will not be dependent upon husbands for children. Any woman desiring to be a mother will go to a public laboratory operated by the government and make known the kind of child she likes best. The scientist in charge will then make an artificial application of the proper chemical compound, and in due time the woman will become the mother of the sort of child she desires."

Ta-ra-ra-boom-de-a!

"AND SO THEY PLAY THEIR PART."—The *British Medical Journal*, editorially, says: "While the dominant science medically of to-day is bacteriology, to-morrow it will be psychology." Each in turn is the bright star, plays its part and then, like a decrepit old actor retires and is heard no more, save when he is lugged out by those who love to delve in the musty archives of the past. A thing must be genuine that can stand in the modern searchlight. Homœopathy alone in medicine has stood it. The others? All out in the medical dump which daily grows, as alleged scientific practices, fads, cults, strictly ethical remedies, patent medicines, and medicated rubbish generally is thrown on it.



## PERSONAL.

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Psychology: the Science of the soul. The Universities deny the soul yet have Chairs on it. Logical?

A Californian says that had Methuselah lived in California his age "would not have seemed improbable." Go to the coast for gall.

In eugenic States they ask the would-be bride: "Did your mother ever have venereal diseases?" Great is Diana!

"We must not think," says Dr. Walsh in *J. A. M. A.*, "that this is the first time that good work has been done."

U. S. has decided that certain eugenic school lectures are immoral—a sort o' curing ignorance with sin. Poor Uncle S.!

Advertising (low be it whispered) and general education go hand in hand.

An absent minded doctor signed his name after "cause of death" in the certificate.

"Hot water is an unfreezable liquid," said the youthful scientist.

Anything that can be easily and safely cut out seems to be a "mistake" of nature.

Men who speak what they think do not necessarily display wisdom.

"A vheal within a veheal!" Sam Weller rather sadly remarked of the caged bird in the Marshalsea prison.

Col. Henderson said that the surgeons could sew up a punctured bowel better than a suffragette could darn a sock.

The medical men say don't tango if over 35 years; it isn't safe—heart disease.—*Verbum sap.*

A sea-sick Christian Scientist is provocative of thought.

Socrates remarked of ancient specialization: "The runner has over-developed his legs and the boxer his arms."

An "esteemed" writes of "a lot of melancholy old coffins," which seems to imply there are cheerful ones.

Is not "cleaning up" the large bowel something like making a sewer aseptic?

According to the U. S. Bureau of Census there are 186 legal causes of death, so to speak.

"Mediocrity is healthy, genius is disease."—*Ex.* Render thanks, O brother!

"Make me to be a torch," sings a modern poet. No Nero! brother, the police would object though others might rejoice.

"A fool can ask more questions in a minute than I can answer in an hour," muttered an examinee.

"Everyone has a concealed skeleton," mournfully remarked Claude to his best girl.

Cotinevall Lewis remarked that life would be tolerable, but for its "amusements."

# THE HOMŒOPATHIC RECORDER

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## THE PASSING OF THE DOCTOR.

B. H., one of the several editors of *The Clinique*, quotes from the *Harvard Graduate Magazine*, from which quotation the following is excerpted: "Health administration in this country lags largely for want of trained leadership." To one who reads the medical articles in the Sunday newspapers and in the popular magazines, this will be a shock, for they are taught in those articles that disease is on the run, like the Devil is when the parson gets after him. The quotation from the *Harvard* goes on to say that the fact that a man writes M. D. after his name does not qualify him for being a health officer, for all the average M. D. seeks is the cure of the cases coming under his care, whereas the health officer seeks to prevent disease, and the inference is that when the health officer prevails the occupation of the M. D. will be gone. Indeed, one contributor to *The Clinique* in the same issue in which B. H. rather makes light of the *Harvard's* contention, writes that if it were possible for health officers to vaccinate the entire U. S. against typhoid "we would soon see so few deaths from it that, like small-pox, the name would not even be printed on our vital statistic cards, as was done last year." This sounds well, but the same day we read this, the newspapers had headlines announcing "thirty-four new cases of small-pox among the crew of the battleship Ohio," all of whom had been protected according to the latest rules of preventive medicine.

Wherever there is action there must be reaction, is an indisputable axiom of philosophy. If virus, or dead bacilli, or live ditto, or germ boullion, or anything of that sort is inoculated into healthy blood there must follow a reaction, which, with all

due regard for the trained health experts, does *not* stop with the subsidence of the acute symptoms. That this is so is demonstrated by that rather gruesome thing anaphylaxis, by means of which a man may make a hurried passage over the river Styx on a repetition of the trained health man's prophylaxis.

The press lately has been full of the wonders accomplished by typhoid vaccination, but forgets the fact that the Japanese army went through with a fierce war without that disease simply because their doctors looked to it that the soldiers were not poisoned with foul water and food. Does any one suppose that if an army today were to be herded under the same sanitary conditions that prevailed during the war with Spain that typhoid vaccination would keep it healthy? If he does he has a robust faith.

The trained health officials who neglect their very useful duty of sanitation and try to shoulder the doctor out of the running, who devote more attention to putting diseased tissue into the blood of the people than they do to keeping it out of the water, are not doing a good work, but are making a sorry mess of things, as a future and broader observation will demonstrate.

To go back to the quotation made by B. H., from the *Harvard*, we quote further: "The people are asking 'if disease is preventable, why is it not prevented?'" Evidently, then, notwithstanding all the fanfare, disease is not prevented. The *Harvard's* man thinks it must come through trained health "specialists," and in this we agree with him, but not in the sort he advocates. The true health specialist is the physician who is a sound homœopathic practitioner. The other side are forever "advancing," *i. e.*, discarding last year's methods for something else no better, and, in turn, to be discarded, and so on and on. Homœopathy alone is founded on a rock, the storms and floods beat upon it, but it stands—the others are forever being swept away and always will be—always advancing, but never getting on a solid foundation

## THE SCIENCE OF CURE.

### A POSITIVE METHOD FOR THE RADICAL CURE OF DISEASE.

By W. H. Freeman, M. D.

#### PREFACE.

Every homœopathic physician is constantly receiving requests for information as to the differences between homœopathy and all other forms of medical treatment. The impossibility of giving a satisfactory and comprehensive reply to everyone so inquiring must be apparent.

This little pamphlet is designed to meet and answer the most frequent and important questions that naturally occur to the layman. It is with the hope that the information herein contained may prove valuable and enlightening to many seekers for improved health that these pages have been prepared by the writer.

W. H. F.

#### INTRODUCTION.

Homœopathy is a system of treatment based on the law of nature that "*Like cures like*," as expressed by the homœopathic motto, "*Similia similibus curantur*."

Careful and extensive experiments have proved that this is the quickest, surest, safest, and only scientific method for the use of drugs in the treatment of disease.

By this method each patient receives his individual, specific, curative medicine, selected upon the basis of an exact similarity between the symptoms of the patient and the symptoms which the medicine will cause when given to a healthy person in large doses.

The reason for this, contrary to what is generally believed, is that drugs are curative only for symptoms and diseased conditions like those which they can cause. Medicines used in this way not only give quick relief, but the relief is curative and lasting; and, owing to the special way in which such medicines are prepared, poisonous drug action never occurs.

#### SPECIAL ADVANTAGES.

Among the principal advantages of homœopathic treatment are:—



1. Better control of disease, and consequently less pain and discomfort.
2. Greater freedom from complications and bad after-effects.
3. Large saving in doctor's, nurse's and druggist's bills, as well as great saving of time otherwise lost from work.
4. Impossibility of the formation of drug habits.
5. Comparatively certain cure in nearly all forms of disease, and improbability of the development of cancer, tuberculosis, Bright's disease, diabetes, or other serious forms of disease later in life.
6. Better subsequent health of patients who are treated homœopathically, and enjoyment of a longer life than would otherwise be possible.

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To unfold these advantages more in detail :—

In acute illness correct homœopathic treatment either stops the course of the disease within a few hours, or causes it to run a much milder and shorter course than is ever possible when not treated at all, or when treated by other methods.

In the more severe forms of disease pain and discomfort are markedly less; recovery is quicker; convalescence is more thorough; and the chances of escaping an untimely death are, at least, three times better with homœopathy than with other methods.

As a result of the quicker control of sickness, the earlier recovery, and freedom from complications, the expenses due to sickness are always markedly less with homœopathy than with other forms of treatment.

Cancer, tuberculosis, insanity, chronic kidney trouble, and other fatal forms of chronic disease, seldom or never develop in persons who have previously had the benefit of homœopathic treatment. The reason is that the tendencies toward such diseases are previously driven out of the body by correct treatment applied to the lesser ailments.

On the contrary, by the customary forms of medical treatment, the various illnesses of childhood and adult life are seldom, if ever, *really* cured; and, nearly always, the seeds of chronic disease are driven back into the body, where they ger-

minate and finally develop into some one of the serious ailments under discussion.

The foregoing applies especially to the local suppressive treatment of diseases of the skin and mucous membranes, by which eruptions and discharges are dried up or suppressed with strong ointments, injections, douches, etc. Such conditions are nature's attempt to get rid of internal disease by forcing it out of the body to the surface, where it will be least harmful.

Naturally, patients dislike such symptoms, and usually prefer local treatment, which will dry up the eruption or discharge and drive it back into the body again. Getting rid of an eruption or discharge in this way, however, is, in its ultimate results, analogous to closing a city's sewer outlets.

Everyone knows the serious results which follow the suppression or driving inward of the eruption of scarlet fever or measles; and yet seemingly but few have the foresight to perceive that the penalty exacted by nature is just as certain in all other forms of disease. The only difference in results is in the time of their appearance, which is governed by the rhythm of the disease. In quick, actively progressing diseases, like scarlet fever, the bad results of suppression appear quickly. In a chronic, slowly progressing disease, like eczema, the bad results may not be noticeable for weeks or months. Otherwise there is no difference; the ultimate results are just as bad and just as certain in one instance as in the other.

The forcible lowering of high fever with ice baths or strong drugs, and the breaking up of colds with large doses of quinine, are also suppressive in character and always harmful. Recovery following such measures is only an evidence of the strong recuperative powers of the patient, and health is often seriously and permanently damaged by such treatment. The "scattering" of inflammations and swellings with local applications of iodine, camphorated oil, and other strong drugs is also harmful, and just as foolish as would be the scattering over an entire farm of the weeds in one corner of a field.

With correct homœopathic treatment, such eruptions and localized ailments are not suppressed or driven inward by local measures; but disappear as a result of internal medication, and because the internal disease which caused them has been *cured*.

When comparing the quickness of action of methods, if a fair comparison is to be made, the character of the various diseases, the time of their existence, and the previous health of the patients should be taken into account. It is also essential to consider whether it is the true curative action of remedies, or only the temporary stoppage of certain disagreeable symptoms which should be compared. In a chronic ailment of several years' duration it would be foolish to expect a cure within a few hours, such as we might expect, for instance, in an acute condition like a cold in the head. If only temporary relief of pain in chronic neuralgia is wished for, a strong dose of morphine or acetanilid will stupefy the nerves, so that no pain will be felt for the time. It would be futile, however, to compare the temporary, poisonous, non-curative action of such drugs with the action of homœopathic remedies which induce a lasting cure, without either poisoning the patient or risking the formation of a drug habit.

#### HOMŒOPATHY IN SPECIAL DISEASES.

I. *For weakness and loss of appetite.*—The homœopathic physician obtains, by careful questioning, all the other symptoms, including those of an individualizing nature, and prescribes a medicine which would cause similar symptoms. A medicine selected in this way, when properly administered in small doses, will overcome the weakness and loss of appetite, and cure the other symptoms as well. A medicine so selected also removes constitutional tendencies to disease; and for this reason patients so treated are always much healthier afterward than before.

For conditions involving weakness and loss of appetite most physicians prescribe tonics containing strong doses of such poisonous drugs as nux vomica, strychnine, arsenic, quinine, or iron, any apparent benefit from which is purely temporary, artificial, and harmful in the long run. Patients so treated are never in as good health afterward.

II. *For constipation or diarrhœa.*—The homœopath gives small doses of medicine, which are capable of causing, when given in strong doses, constipation or diarrhœa of exactly similar nature. When accurately selected, such drugs, in small doses, are positively curative.

For constipation, most physicians give cathartics or laxatives

which relieve only temporarily, and always make the patients more constipated and more in need of laxatives than ever before. For diarrhœa, the average physician usually gives a prescription containing opium; which, while it is constipating for the time, is never really curative for diarrhœa, and is always more or less harmful.

III. *Homœopathy in children's diseases.*—Not only is there little trouble in getting children to take homœopathic medicines; but, when these are used, recovery from dangerous illness is almost certain, remarkably quick and free from complications.

One of the principal advantages, also, is that children who are brought up under the supervision of homœopathic physicians enjoy much better health later in life; tendencies to disease, which exist in every child, being eradicated by homœopathic remedies given during and following the various ailments of childhood.

IV. *Homœopathy in women's diseases.*—In no other way is homœopathy more brilliantly successful than in the treatment of diseases peculiar to women; most of the expense, discomfort and embarrassment connected with the usual forms of treatment, as well as most of the surgical operations, being rendered unnecessary.

Neither surgery nor local treatment ever removes the constitutional disease which usually precedes and makes possible the various troubles in the organs of women. On the other hand, homœopathy will nearly always cure both the constitutional disease and the local trouble without an operation. Even when an operation is imperative, such an operation does not remove the original cause of the disease. In this instance, homœopathy will generally bring about a cure of the original cause of the trouble and the patient is thereby enabled to enjoy good health afterwards, which is usually impossible with surgery alone.

V. *Homœopathy in obstetrical work.*—The expectant mother, when treated by a competent homœopath before and during pregnancy, can always be sure of a more comfortable period; an easier confinement; a quicker and more perfect recovery, with less danger of complications; and a stronger and healthier baby. Vomiting, indigestion, miscarriage, dropsy, kidney disease, convulsions and other troubles of pregnancy can always be controlled and usually prevented by homœopathic treatment.



There are certain tendencies to various forms of constitutional disease in every one; but, to a large extent, these can be removed from the mother and from the unborn child by homœopathic treatment of the mother before and during pregnancy.

VI. *Homœopathy in surgical conditions.*—Patients who are fortunate enough to have homœopathic treatment seldom need operations. At least, ninety per cent. of present day operations could be rendered unnecessary by the intelligent choice of a physician.

In conditions which have progressed so far as to render an operation imperative, not only is complete recovery almost certain, but the after effects are, at least, twice as good when a homœopathic physician and surgeon are working in harmony. The very best surgeon obtainable is seldom competent to treat a case medicinally; because his interest, his education, and his training have been almost exclusively surgical rather than medical.

It may be that a person is certain to die unless operated upon; and, also, that he is very liable to die in spite of an operation, owing to the shock following all operations, especially in those who are severely weakened by disease. Under such circumstances, homœopathic remedies overcome weakness; control shock; and relieve all forms of dangerous and disagreeable symptoms, without, in any way, interfering with the work of the surgeon. It is, therefore, important that a homœopathic physician should be consulted in all surgical cases before an operation is decided upon.

VII. *Homœopathy in chronic diseases.*—It is possible for nearly all chronic sufferers to be cured by a systematic course of homœopathic treatment by physicians who have specialized in this kind of healing.

Even in the last stage of organic disease, when the vitality is exhausted and death is unavoidable, homœopathic treatment prolongs life, prevents suffering, and renders death painless without stupefying the patient with morphine. It is most important for those who are nearing the end to continue in full possession of their faculties, for the settlement of estates, the drawing of wills, and for religious reasons.

VIII. *Homœopathy in the diseases of men.*—The working of

nature's laws makes no distinction for age, sex, or the morality of individuals. Ailments which result from the sowing of wild oats can be radically cured by a course of individual specifics. The usual methods of treating such diseases with strong doses of poisonous drugs continued over long periods are seldom curative. This is proved by the poor health of such men subsequently, as well as by the ill health of the wives and children who come later.

IX. *Homœopathy in diseases of the mind.*—The following quotations are taken from the book, "Mental Diseases," by Dr. W. M. Butler, Professor of Psychiatry, New York Homœopathic Medical College:

"The brilliant results achieved demonstrate that homœopathy is as successful in mental disease as in the other ills of humanity." "The homœopath needs no assistance from opiates, hypnotics, and anodynes" (habit forming drugs). "Desperate and apparently hopeless cases are often restored to perfect health of body and mind." "When the cure is fully accomplished, it remains permanent."

Every homœopathic physician is able to verify these statements from personal experience. The superiority of homœopathic treatment has been publicly demonstrated in those state hospitals for the insane now under the control of homœopathic physicians.

#### SCIENTIFIC CORRECTNESS OF HOMŒOPATHIC TREATMENT.

Even the thoughtless boy knows better than to thaw his frost-bitten fingers before a fire. He knows that a gradual thawing in ice-water or melting snow is preferable; and he also knows something of the baneful results of heat at such a time, either from hearsay or from never-to-be-forgotten experience.

Also, those people whose work causes them to be frequently subject to burns know that the pain and inflammation following such accidents are markedly relieved by holding the burnt part close to the fire; and while the pain may be temporarily relieved by cold water, that it becomes much worse afterwards.

Now, why is ice-water best for frost-bite, and why is heat best for recent burns? Is it possible for such to be anything else than examples of the "Law of similars" by which physicians should be governed in the treatment of all forms of disease?

The recently-advocated treatment of bacterial diseases, such as blood-poisoning, rheumatism, tuberculosis, etc., with vaccines (which are solutions of dead bacteria or their toxins) is nothing more than a modified form of Homœopathy, which originated with, and has been in use among, homœopaths for the last fifty years, although no credit is given to the originators by the recent discoverers. Homœopaths have the advantage over other physicians in knowing how, when, and where to use these agents, as a result of many years of experience; since vaccines are useless in the majority of ailments, and are frequently harmful in the strong doses usually advocated.

Since all physicians acknowledge the harmfulness of contrary methods in frost-bite and burns, as well as the value of similarly-acting vaccines in bacterial diseases,—why do so many of them still continue to use drugs and other remedial measures according to contrary methods which are just as harmful, unscientific and useless as would be the application of heat for frost-bite or cold for burns? Is it because of prejudice, ignorance, indifference, or laziness that they refuse to study and apply the logical extension of the "Law of cure" in the general treatment of disease?

#### WHY ALL PHYSICIANS DO NOT PRACTICE HOMŒOPATHY.

The rank and file of old school physicians know nothing of Homœopathy because it is not taught in their colleges and seldom mentioned in their medical journals except in a derogatory manner, or in a spirit of ridicule. Also, its discussion is prohibited in the meetings of their societies, and they are taught to look upon it as opposed to their interests, and as something which should be ignored or exterminated, rather than as something to be investigated and used for the benefit of humanity. Only a small percentage of physicians ever come to know anything definite about it, therefore, and the majority are so prejudiced against it that they are unable to judge impartially when its beneficent results occasionally come to their notice. Those physicians who do investigate and adopt Homœopathy are forced to resign from their college and hospital positions and medical societies, and are ostracized by their former associates, a penalty that few men have the hardihood to incur.

Like every other revolutionary improvement, Homœopathy is

detrimental to many powerful established interests. It is detrimental to drug manufacturers who have millions of dollars invested in their business, and to most of the medical journals who depend largely upon drug advertisements for their income, because the sale of drugs is decreasing, and when Homœopathy is universally adopted will be but a fraction of what it now is. It is detrimental to all lines of business associated with medicine, because it eliminates at least two-thirds of otherwise unavoidable sickness. It is detrimental to many physicians of prominence who must be supplanted by physicians specially trained to practice Homœopathy, and such training is obtainable only after years of special study.

It is only a question of time until Homœopathy will be generally accepted and used by all physicians; but no radical change in political, legal or medical conditions ever occurs suddenly; the change is always gradual, for the reason that the leading men in every profession, and those holding positions of authority, are always violently opposed to changes which are harmful to their own interests, and such men do the thinking for the majority of their brethren.

History bristles with examples showing the difficulty of establishing reforms, and the persecution of reformers. Harvey, who discovered the circulation of the blood, was ridiculed and persecuted after giving proofs of his discovery. Dr. Semmelweis, Professor of Obstetrics at Vienna, was degraded and driven insane by persecution after proving to his brother physicians that the awful mortality among women, following child-birth, could be prevented by cleanliness. Dr. Morton, who made painless surgery possible through his discovery of ether anæsthesia, was persecuted as an enemy to the human race. And Dr. Hahnemann, the founder of Homœopathy, previously acknowledged to be one of the leading medical scientists of Europe, was ostracized and persecuted for the rest of his life merely for demonstrating to his medical brethren the homœopathic method for the radical cure of disease.

#### COMPARISON WITH OTHER METHODS.

By the usual methods of giving drugs, which are so devoid of everything scientific or methodical as hardly to justify the use



of the word "method," drugs are given which have an opposite, contrary or different action to that seen in the disease for which they are prescribed. Drugs so used are never really curative, because they act in a way which is contrary to nature's law of cure as expressed by the formula "Similars cure similars."

Since the diseases and the drugs so used are contrary to each other in action, and, also, since drugs so used have no specific relationship to the individual patient, strong doses are necessary in order to produce results; and, what is more important, it is the poisonous action of such drugs, rather than their curative action, by which such results are obtained.

While the use of drugs in large doses may seem necessary to the average patient, both science and experience have proved large doses to be not only unnecessary, but usually productive of more harm than good. All drugs are poisonous in strong doses, otherwise they would be useless for medicinal purposes, since it is their power to produce symptoms (poisonous action) that makes them of medicinal value. When given in strong doses, they invariably cause chronic drug diseases which closely resemble natural diseases, and are usually mistaken for them by patients and by the majority of physicians.

The bone pains, catarrh and sensitiveness to cold caused by *Mercury*; the chilliness, liver disease and incurable deafness caused by *Quinine*; the puffy face, paleness, weakness, chilliness and restlessness caused by *Arsenic*; the irritability, nervousness, indigestion and constipation caused by *Nux vomica* or *Strychnine*; the skin eruptions, sleeplessness, and even insanity caused by *Potassium bromide*; the sallow, lead-colored complexion, pale bluish lips, and weak heart following the use of headache powders are only a very few of the chronic symptoms which result from the abuse of drugs.

With the exception of a very incomplete knowledge of the acute poisonous action of a few drugs, derived from experiments on animals, and the examination of those who have died from poison, the members of the medical profession, except the homœopaths, know but little of the chronic results producible by the drugs used in their everyday work. The reason for this is that, with the exception of the homœopaths, the profession has never undertaken a systematic study of the action of drugs on healthy

human beings, which is the only way in which such knowledge can be obtained.

On the contrary, thousands of such experiments have been made by homœopathic physicians who have taken such drugs themselves for long periods of time. By keeping careful daily records of the symptoms which resulted, and by comparing them with the records of other experimenters, homœopathic physicians have been able to learn accurately the disease-producing powers of every important drug in its entirety.

It is the symptom records of thousands of homœopathic physicians, compiled in book form and known as the *Homœopathic Materia Medica*, which enables homœopathic physicians to recognize drug symptoms and to prescribe the proper antidotes. It is the knowledge of drugs contained in the *Homœopathic Materia Medica*, and nowhere else, which enables the homœopathic physician to select with accuracy the similar curative drug for every individual case of disease.

For pain and sleeplessness the average physician is usually forced to rely upon such drugs as morphine, acetanilid, chloral, bromides, etc., which must be given in strong doses in order to produce results. Such drugs give temporary relief by stupefying the brain and the nerves of sensation. They are never curative; and, unless the illness is only a temporary one, drugs of this character must be frequently repeated in still larger doses in order to continue the effect. It is in just this way that health is often ruined, drug habits formed, and many useful lives irretrievably wrecked.

On the contrary, real homœopathic drugs are never poisonous in effect, and never cause drug habits because of the special way in which they are prepared.

For excessive pain, with restlessness and sleeplessness, the homœopath would give small doses of some *one* drug, the action of which accurately simulated the peculiar symptoms of the individual patient. A drug used in this way, while it is specifically curative, does not stupefy the patient, nor does it ever result in the formation of a drug habit, nor in the formation of a drug disease.

The homœopath endeavors to give each patient his individual, specific, curative drug. He aims to fit the remedy to the patient as accurately as a well-fitted suit of clothes.

A dozen homœopaths, in one case of pneumonia, for example, would be unanimous in the selection of the same drug. In another case of pneumonia they would probably all agree to give an entirely different drug, because the individual symptoms of the two patients would be different, and would, therefore, call for different drugs. The reason for the careful selection of remedies, based on the individuality of patients, is that experience has proved that by such means only can positive curative results be obtained.

On the other hand, when other physicians consult together, there is seldom any attempt at real individualization, or any uniformity of opinion. Without a law of cure to guide them, each physician is a law unto himself; each has his own routine treatment for each disease, which he gives with but slight variation to every patient suffering from such a disease, and his method often differs markedly from the routine treatment of each of his fellows.

Routine methods of treatment based on the diagnosis of disease are generally ineffective and unscientific, because that which is curative for one patient is useless for the next. A medicine can be curative only when its disease-producing powers are specifically and exactly similar to the peculiar symptoms of the individual patient.

#### REASON FOR SMALL DOSES.

Since the symptoms of the patient and the symptoms which the drug is capable of causing are of a similar nature, the patient is certain to be very sensitive to the action of a homœopathic drug. If, therefore, such a drug is given in strong doses, the symptoms will be increased, and the patient will feel worse instead of better.

When, however, the homœopathic drug is given in very small doses, its action is at once curative. In other words, very small doses have an opposite action to that of large doses; or small doses are curative for symptoms like those caused by large doses.

Small doses are, therefore, necessary in homœopathic practice in order to relieve the patient without first making him worse. In fact, such small doses are very much more powerful

for the patient than they are for well people, or for other patients with dissimilar symptoms.

Since it is the curative, non-poisonous principle represented in the small doses used, rather than the poisonous chemical effect of large doses, it is easy to understand why an overdose of homœopathic medicine may often be taken through error, either by the patient or some one else, without poisonous results.

When it is understood that disease primarily consists of a disorder of certain special groups of body cells, and that these cells are so small that a piece of flesh the size of a pin-head will contain millions of cells, it is easy to see why such cells are best acted upon by homœopathic medicines which are so prepared that their particles, also, are in a finely divided state.

#### CONCLUSIONS.

In spite of the apparently slow progress of the medical profession in adopting better methods for the cure of disease, when we stop to consider that the medical practice of one hundred years ago was crude, barbarous, based on empty theory, and absolutely unscientific in nearly every respect, and that modern medicine, compared with the medicine of the Dark Ages, is chiefly a development of the last twenty-five years, we should be thankful for the great gains that have already been made in the endeavor to place medicine upon a strictly scientific basis, and should be very optimistic for the future.

Great advances in the control of preventable disease have recently been obtained, for the first time in the world's history, through disinfection, quarantine and improved sanitation. Such human scourges as yellow fever, cholera, small-pox and bubonic plague, formerly considered as unavoidable evils, or as examples of Divine wrath, are now things of the past in civilized communities. Malaria, typhoid, diphtheria, scarlet fever, and other forms of preventable disease, in all probability will also soon be things of the past.

Such results in the control of epidemic disease are due to the efforts of physicians and sanitarians in the employ of the various governments, and are obtainable only through the authority of government officials.

In contra-distinction to the duties of government sanitarians, it



is the duty of the medical practitioner to improve the health of the families in his charge. It is his duty carefully to fit himself by impartial study and investigation for the successful cure of those diseases which are peculiar to families and individuals; the common everyday acute and chronic diseases which are always with us in spite of improved sanitation. And it is also his duty never to allow prejudice or sectarianism to govern his studies and investigations or his methods of practice, but always to be governed by the spirit of the true scientist who tests all things pertaining to his special field of endeavor in order that nothing important shall escape his notice.

It should be the endeavor of physicians to cure diseases of a constitutional nature, thereby raising the standards of individual and family health, and eliminating most of the ordinary forms of sickness. If all physicians were competent to do this, there would need to be no deaths except those resulting from accident and old age.

At present there is no method known to science for the elimination and cure of constitutional disease other than the homœopathic method; and since this is founded upon "*Nature's law of cure*" it is doubtful if anything else will ever be discovered to take its place.

Diet, fresh air, change of climate, hydrotherapy, massage, mechanical therapy, spinal manipulation, electricity, surgery, organotherapy, and mental therapy, all have their place in the treatment of disease; but for the radical *cure* of disease, and for the eradication of disease tendencies, none of these can ever take the place or do the work of specific homœopathic medicines. Homœopathy cures when other measures only palliate or relieve temporarily.

The adoption of real homœopathic methods by the medical profession, and the universal adoption of homœopathic treatment by the public at large, will be as successful in the increase of health and happiness as has already been accomplished through the control of such diseases as cholera, yellow fever, small-pox, typhoid and diphtheria.

Since the time of Hahnemann, the founder of the homœopathic school, Homœopathy has spread by leaps and bounds, in spite of the most violent and bitter opposition, and it is only a question

of time until its truths will be universally acknowledged, and its methods of treatment be in general use. In the meantime, these patients who have been benefitted by it, can do much for the general welfare by taking an active part in the spread of its doctrines among their less fortunate friends. In fact, every intelligent person who is acquainted with its advantages should become an active missionary in its favor, and thus hasten the time of its general adoption, not only for his own good, not only for the good of his friends and relations, but for the good of all mankind.

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## CHRONIC CASES.

By C. A. Walton, M. D.

One of the greatest helps to me in the treatment of chronic diseases is observing the fact: that disease gets well from within out, from above downwards, and in the inverse order in which it came.

Until I got these facts firmly fixed in my mind I could not treat chronic diseases successfully. I was always changing my remedy at the wrong time. The following cases will illustrate:

Mr. L. G. came to me February 22, 1912, with following history: He was operated upon for appendicitis one year ago last May, with no improvement in his condition. Present symptoms: Cramps in abdomen, come on one-half hour after eating > hard pressure. Appetite fitful, at sight of food appetite would leave him. Thirsty for cold water. Vomited blood at times. Aversion to fats. Backache in small of back, < lying, > sitting. Bowels constipated. Generally < 4 P. M. to 9 P. M. Chilly in warm room. Must have fresh air or would faint. Generally > out of doors. Takes cold easily. Sensitive to draft. Palms of hands sweat. Mentally: Wants to be alone, aversion to company.

February 22. *Pulsatilla* 1 m., one dose. March 1. *Pulsatilla* 10 m., four doses, three hours apart.

March 21. He was very much discouraged and said he was no better.

Sore, bruised feeling under shoulder blades, < lying, > walk-

ing slowly out of doors. Would get up at night and walk up and down the street for relief. Headache begins in occiput and extends over head and settles over eyes, sharp pain < lying, > out of doors. Sore, bruised feeling in legs, < in left ankle, which was dislocated one year ago. Muscles get hard, feels like board strapped upon them. Night sweats, foul odor, < after sleep, > on waking, return on going to sleep again. Weak spells 6 A. M. to 10 A. M. No cramps in abdomen for two weeks. Stomach good. Bowels regular. Not so chilly, did not crave the fresh air so much. I asked him if he had ever had this condition before and said yes, that was the way his trouble began. Since the picture had changed to the original expression I did not hesitate to assure him that he was getting well in the right way and gave him no medicine.

April 1. He showed lack of improvement and I gave him *Pulsatilla* 10 m., four doses, three hours apart.

April 23. All the symptoms had disappeared except the ankle, which had been dislocated one year ago, was badly swollen and so painful that he was on crutches.

I assured him that he was still on the road to Wellville because the disease was working from above downward. *Pulsatilla* 10 m., four powders, three hours.

June 12. Symptoms negative and he said he had not felt so well in years. Up to the present time, December, 1913, he has had no return of the old conditions.

The results in this case show how important the generals are as a basis for a prescription. Some of the particulars stand higher under other remedies than *Pulsatilla*. I take it that the real key to this case was < in the house, > out of doors, absolute demand for fresh air. Chilliness in warm room and the make-up of the patient, who was a *Pulsatilla* type.

In times past I would have changed my remedy and spoiled the case.

Another case, Mrs. R., which illustrates the fact that disease gets well from within out. She gave a history of having had the womb removed two years ago. Last few months goiter had begun to develop and was quite large now and giving a great deal of distress. *Pulsatilla* 1 m., one dose, was given with some

improvement. *Sulphur* 1 m., one dose, was given, and in a few days a profuse, very irritating leucorrhœa was established, which persisted for three weeks. No local treatment was used. A general improvement began with the appearance of the leucorrhœa. The goiter and accompanying symptoms began to leave. Bowels became regular. She has had no medicine for two months now and is still improving.

Mr. A. Gonorrhœa suppressed by local treatment, venereal warts cut off and cauterized. He came to me to have a gleet discharge cured. Under *Thuja* 10 m., for eight weeks, the warts and discharge returned. *Sepia* 1 m. and *Nitric acid* 1 m. were both given with no apparent results. *Psorinum* 1 m., two doses, four weeks apart, cured the case. The establishing of suppressed gonorrhœal discharge has enabled me to cure a good many cases which I believe would be otherwise incurable. If we obey the law, give the single dose in the higher potencies and not repeat as long as improvement keeps up we will have more successes than failures.

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## ARE WE PROGRESSING?

By W. S. Hatfield, M. D., Cincinnati, O.

The health of the human race depends largely upon the thorough advancement of medical science.

Ages ago, the diseases from which the human race suffered were few. With the advancement of civilization the dangers from the different diseases have increased. Not many years ago, the theory of the prevention of disease was first considered and about the first, after severe epidemics of small-pox, Dr. Jenner discovered that a certain class of people who were employed in the care of animals were practically immune from that disease. By a series of experimentation and inoculation he considered he had discovered the preventive measure for small-pox.

He theorized thus: those who cared for the horses sometimes were impregnated with the poison emanating from the horse, when the horse is known to be suffering from a disease known as scratches. This diseased condition, thus acquired, causes an



eruption upon the body of the attendant of the horse. If it should happen to appear upon the hands and that same attendant, transferring his attention to the milking of the cows, thereby impregnating the udder of the cow, causing the eruption to form upon the udder of the cow, seemingly giving these persons, thus afflicted with this eruption, partial if not complete immunization from the ravages of the disease called small-pox.

That, in substance, was the beginning of vaccination. Dr. Jenner, noting this condition, considered this a great discovery. So enthusiastic was he upon the subject, he performed the operation upon all who applied.

In England, compulsory vaccination prevailed for many years. During that time the law was so strict that if the child (every child) was not vaccinated before it was three months old the parents were imprisoned until the law of compulsory vaccination was complied with, and in the meantime, during this period of compulsory vaccination, the disease known as cancer increased to an alarming degree and today the mortality from the disease known as cancer is appalling.

Likewise tuberculosis, not only pulmonary (that of the lungs), but of the whole body, glands, internal organs, bones; in fact, every portion of the body afflicted often with the tubercular condition. How much vaccination is responsible for this condition is, of course, problematical.

It is sufficient to raise the question and this is the question: *Why should the body of a healthy child be impregnated with a poison, the danger of which we know not?* The child may live its life without ever coming in contact with small-pox. But these diseases, cancer and tuberculosis, are diseases of later life and decidedly more deadly and more difficult to cure than that of small-pox, which is a disease limited, at most, to a few weeks.

The method of propagation of the vaccine virus is questionable, always. There is no method known by which we can be assured that the calf, the medium through which this propagation of the vaccine virus is carried later in life, would not develop either of these two diseases, tuberculosis or cancer. If such should be the case, the tendency is within the calf at that early stage in life. It is perfectly logical, if that tendency is present in the calf then through the propagation and the transmission from the calf

to the child, directly into the blood of the child. Yet it may take years for one of these latent diseases to develop.

We are creatures of education and custom. For many years previous to Dr. Jenner's discovery of vaccination the custom of inoculation was followed. It was the endeavor of the people, in trying to prevent the spread of small-pox, they would inoculate different members of the family so that the family would have had small-pox, because of the belief that once having suffered from that disease made them immune ever after. It is the same today with some people they strive, as it were, to give their children the opportunity to become exposed, and if they will contract either measles, whooping-cough, or any of the juvenile diseases, in that manner they consider they are safe ever after from those diseases.

In the matter of inoculation for small-pox, it was necessary to invoke the law to put a stop to the practice of inoculation.

I will venture to say that not many years hence the same conclusion will be reached in regard to vaccination and it will be considered a crime to instill within the body of a healthy child this poison of which we know not the end.

If every victim of the ill-effects of vaccination were to be cited the list would be appalling.

With the wheedling of those who consider themselves in authority, the contamination of human childhood goes on apace. The more pure the blood of the human body can be kept, the less likelihood there is of some blood taint becoming enthralled therein.

The members of the medical fraternity have become encrazed with the idea of vaccines. They see their shortcomings in dealing with disease. Their most recent endeavor is to prevent the different diseases by the use of the vaccines made from the poisonous products of the different diseases, whereas the proper method of prevention lies in better sanitation. The typhoid danger can be eliminated with ease by the cleaning up of all suspicious conditions of living.

The elimination, almost entirely, of the dread yellow fever is an example of how these conditions can be overcome.

The inception of small-pox is through filth and negligence. On board ship, as a general thing, it does not find place of in-

ception among the first class passengers, nor the second, but in the steerage, where everything is to be found except cleanliness and the usual sanitary surroundings. The ventilation is bad and all other conditions are conducive of anything else but good health. On land, only those whose environments are of the worst possible character, there is where you will find the first cases of small-pox. Eliminate the filth and you will prevent small-pox. As a general thing all such diseases begin in like surroundings.

Clean up; Clean up; should be the watch-word, but do not pollute the well-spring of youth.

Let us grant that in spite of all sanitary precaution, some disease has found foot-hold. When that condition arises treat the sufferers humanely. For hundreds of years, as an example, all cases of small-pox were confined in close rooms. No fresh air was allowed to enter the sick chamber, but by accident patients who became exposed to the air, and even the elements, were benefitted by that exposure and the attending physician saw that the contact of the fresh air was a benefit and fewer deaths have been the result of the change in the method of treatment.

There have been some sacrifices, some of the afflicted have been sacrificed through the zeal of the attending physician who advised too much fresh air, too frequent bathing.

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## SULPHURIC ACID.

By E. A. Taylor, M. D., Chicago, Ill.

Hahnemann proved *Sulphuric acid*, and says that it has cured affections characterized by "tension in the eyelids in the morning, short-sightedness, hardness of hearing, inguinal hernia, chronic looseness of the bowels, profuse menses, metrorrhagia, roughness in the throat, asthma, swelling of the feet, coldness of the feet."

It will be found useful in old people of exhausted vitality where there is great weakness out of all proportion to ailments. Old debilitated, decrepit individuals with faltering step and failing energy, whose powers of life are on the wane and whose chief complaint is weakness—"so weak they can scarcely wobble:" the

fire of life is nearly exhausted, leaving only a faint and flickering flame.

A peculiar nervousness accompanies this great weakness, a nervousness and trembling which one would expect where there is so much debility; but, strange to say, it is chiefly, if not entirely, subjective. The patients will say they feel as if trembling all over. "And do you tremble?" we ask. "No, but I feel as if every nerve in my body was trembling." In a case seen by me recently the patient, a woman, said, "I feel as if all my internal parts were trembling." This sensation of trembling without actual trembling is perhaps the best known symptom of the remedy, and while it is a valuable characteristic which has been often verified in practice, there are a number of others equally useful and reliable. Notwithstanding the great weakness, nervousness and trembling, they must do everything in a hurry. A woman will complain of being very weak, nervous and trembling, yet whatever she undertakes she does in a great hurry. "Agitation, precipitation and impatience" expresses a condition often found when this remedy is needed. Many complaints are worse in the morning. Aggravation in the morning is a strong indication for this remedy. Cross and irritable, worse in the morning, ineffectual urging to stool, is a group of symptoms belonging to this remedy, but for which *Nux vomica* is generally given. Weakness of the whole body, with sensation of trembling; there is a sensation of soreness, as if bruised over the whole body, and when we remember that it causes blue spots like ecchymoses, livid spots, yellow skin, scars turn blood-red or blue, etc., it is easy to understand its clinical application in the bad effects of mechanical injuries where such symptoms are frequently present. There is hæmorrhage of black blood from all the outlets of the body, and it has been successfully used in purpura hæmorrhagica, and in low forms of fever, especially yellow fever, when such hæmorrhagic state was present. Hæmorrhages from the lungs, stomach, bowels, kidneys, bladder, uterus, nose; epistaxis, oozing of dark, thin blood, worse from smelling coffee; bloody expectoration, bloody urine, stool, etc., etc. A great hæmorrhagic remedy. A general *sour* condition characterizes the patient: sour, mentally and physically; sourness of secre-



tions and excretions; sour eructations; sour vomiting; sour sweat; sour stool. "Raising of mucus so sour it sets the teeth on edge." Chronic heartburn; sour eructations; sour vomit, first water, then food. Little children smell sour in spite of frequent bathing. A negro woman said her baby smelled "as sour as swill," which puts it in language more expressive than elegant. There is great craving for liquor, especially brandy, and it is said to remove this craving. It is often indicated for the chronic effects of excessive drinking. Long after the initial stage of inebriation, with its big head and bad taste in the morning, irritability of fibre and function, for which *Nux vomica* is so often the remedy, years after this comes the chronic stage of intemperance, and we behold the old drunkard whose tottering, trembling, feeble frame is all that is left to mark the mirth and merriment of many jags and jugs. If, now, he have sour vomiting in the morning, with great craving for liquor; can drink no water unless mixed with liquor, as it causes a disagreeable cold feeling in the stomach; is troubled with chronic heartburn and sour eructations, with a cold, relaxed feeling in the stomach, *Sulphuric acid* is the remedy.

Great paleness of the face accompanies many conditions, and often it feels as if the white of an egg had dried on the face. The eyelids also have this sensation of stiffness and tension, especially in the morning, when it is difficult to open them. This sense of stiffness, tension and want of elasticity is found in other parts, notably the tongue, where it interferes with talking; also the larynx is painful and the parts feel deprived of elasticity, which interferes with talking. The knees are weak and the ankles may be so weak that walking is difficult or impossible. I once had a typhoid patient who made a good recovery, but complained of weakness of the knees. They would fade away on walking. With this there was a strong desire for coition. *Sulphuric acid* cured him.

Cold sweat immediately after eating warm food is a strange symptom, which should be remembered. Prolapse of the vagina may seem a common or unimportant symptom, but Lippe's Repertory mentions only six remedies having this, and it was one of a symptomatic tripod which led to the cure of a long-standing and very obstinate case. *Sulphuric acid* has this.

Some years ago I was called to see a girl, nine years of age, who was suffering with membranous croup. The hoarseness, croupy cough, dyspnœa, pulse, temperature and entire morbid aspect presented a picture that is not pleasant to contemplate. Watching her awhile I observed that she would cough, then belch; after each cough belching. The face was very pale, pulse rapid and weak. I noticed a bottle of brandy on the table, inquired what it was for, and was told that the child craved brandy from the beginning of her illness, although she had never before wanted any liquor. Belching after the cough was the most important symptom, and this was supplemented by the morbid craving for brandy and the great pallor of the face. *Sulphuric acid* 200 cured this case.

During change of life in women it is often needed for the flushes of heat with sweat associated with the subjective trembling. A patient of mine, a woman at the menopause, was suffering from an attack of bronchitis; complained of great weakness, cough and profuse expectoration, fever, accelerated pulse, etc., but nothing to distinguish her case from other cases of bronchitis. She complained of the perspiration, which was mostly on the upper part of the body. "Do you perspire all the time?" I asked. "Oh, no," she answered, "as soon as I move a little it stops." Strange, was it not, that she should perspire less on exertion than during repose? *Sulphuric acid* cured her.

A *Sulphuric acid* patient with some skin trouble will say that scratching does not relieve the itching, but changes its locality. It is a long and deep-acting remedy, corresponding to the depths of physical depravity.

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## EDUCATIONAL REPORT OF OUR COUNCIL.

Editor of the HOMŒOPATHIC RECORDER:

The educational report of the Council on Medical Education of the American Institute of Homœopathy is before us and the first thing we turn to is "Number 12:—Special homœopathic work."

In order that we may not be accused of error we append excerpts from the report:

*New York Homœopathic:*

## 12. SPECIAL HOMŒOPATHIC WORK :

Students are instructed in Homœopathy during each of the four years in college. One ward of the hospital is in charge of the chair of Homœopathy and is intended to offer an opportunity of homœopathic prescription to students. It is intended in the immediate future to have all medical cases in the wards of the medical hospital adjoining placed under the supervision of the Chair of Materia Medica and Therapeutics.

*New York Women's College:*

## 12. SPECIAL HOMŒOPATHIC WORK :

Beside the excellent work done in the department of Materia Medica and Therapeutics which forms a part of the school, there is no report of any original research work done in the homœopathic field. The practical demonstration of Homœopathy to students in hospital and dispensary is one of the features of the college.

*Hahnemann, Phila.:*

## 12. SPECIAL HOMŒOPATHIC WORK :

The Constantine Hering Research Laboratory of Materia Medica and Therapeutics is a part of the teaching equipment of the college. Here original work is done in homœopathic Materia Medica. The practical demonstration of Homœopathy to students in their fourth year is one of the features of the college and the trend of the teaching is to make, first, homœopathic physicians and to accompany that with all that is known in medicine.

*Cleveland, Pulte.:*

## 12. SPECIAL HOMŒOPATHIC WORK :

Beyond the teaching of homœopathic materia medica and therapeutics in all its application there is no evidence of any special proving or research work being done.

*Hahnemann, Chicago:*

## 12. SPECIAL HOMŒOPATHIC WORK :

Aside from the general courses in the departments of Materia Medica and Clinical Medicine, there is no special homœopathic work done. No evidence whatever of any research.

*Homœopathic, Iowa University:*

## 12. SPECIAL HOMŒOPATHIC WORK :

This college has been one that has done much original work in the provings of homœopathic remedies. A certain amount of

time is set aside in the curriculum for this work, and under the direction of the Professor of Materia Medica our homœopathic literature has been enriched with many valuable and complete provings.

*Homœopathic, Michigan University:*

12. SPECIAL HOMŒOPATHIC WORK:

In former years this department did excellent work in homœopathic pathogenesis. Owing to the crowded condition of the hospital, the laboratory established in the basement originally intended for pathogenetic work has been largely given to clinical hospital work. It is earnestly hoped and desired by the faculty that this condition shall be relieved upon completion of the new building.

*Kansas City:*

12. SPECIAL HOMŒOPATHIC WORK:

Some research work has been done in the provings of medicines in the Department of Materia Medica, but nothing is in evidence beyond ordinary teaching of Homœopathic Materia Medica and Therapeutics.

*San Francisco:*

12. SPECIAL HOMŒOPATHIC WORK:

Beyond the teaching in Materia Medica Department no special research work has been done in the college. However, the trend of the institution is to make first homœopathic physicians and accompany that with all that is known in medicine.

From the above it would appear that little research work in Homœopathy is being accomplished by our colleges.

The reason is obvious: The colleges are submitting to the dictates of the American Medical Association and there is neither time nor money for Homœopathy.

PRO BONO PUBLICO.

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Editor of the HOMŒOPATHIC RECORDER.

*Dear Sir:* If it will not trouble you too much I would like to ask you to insert in the January issue of your valuable monthly the following corrigenda of my article on Cancer:

Page 548: Read monthlies for women instead for "Homœopathy."



Page 549: Read Ehrlich and Wassermann for "Ehrlich and Hahnemann."

Page 550: Read ignes fatuus for "ignus f." (will-o'-the-wisp.)

Page 551: Read farmed for "formed."

Page 554: Read rhodankalium for "rhodanthalium."

Page 556: Read hydrastinum for "hydrastinus;" caesium for 'cassium;" Kemmerich for "Kemmrich."

Page 559: Read 12x for "four x;" under conditions for "under one condition."

The biochemical treatment of cancer has been for a long time a hard study.

I give, therefore, those corrigenda to take away the possible annoyance which easily could disgust the reader with the whole article.

I remain, yours very truly,

E. VONDERGOLTZ.

New York, Dec. 22, 1914.

## **SUMMARY OF HEROIC PROVINGS OF GLONOINE.**

Through the courtesy of the Dupont Powder Company Dr. George E. Ebricht, of San Francisco, was enabled to examine and question about twenty men employed in the manufacture of nitro-glycerine. Here is the result, in his own words, which goes to make up a very compact proving of this drug:

"A throbbing headache is characteristic. It frequently begins in the forehead and moves to the occipital region, where it remains for from an hour or two to three or four days. It may be associated with a sense of exhilaration at first, but most of the patients are depressed. Restlessness and inability to lie quietly in bed are often present. Many patients cannot sleep, so that the unfortunate victim is doomed to make the best of his pain propped up in bed through a couple of sleepless, restless nights, often with nausea or vomiting, and in severe instances with diarrhœa. Maniacal attacks were not called to my attention by the men I examined."

"Concerning permanent effects, the general health of the men

working in nitroglycerin appeared to be in no way impaired; on the other hand, they were in remarkably good condition. Several factors bore on this result. In the first place, they were selected men chosen for reliability and sobriety, and a bonus system was in vogue for continued good service. On account of the hazard of their occupation, smoking tobacco was not used. With the exception of one case of chronic valvulitis of rheumatic origin, the examination of their hearts showed no abnormalities. The examination of the radial arteries showed no abnormal changes. Blood-pressure ranged within normal limits. There was no evidence of chronic low blood-pressure, and no appreciable relaxation of the arteries or of the capillaries. I found no instances of shortness of breath, nor did Dr. Fernandez, who has charge of the health of the men, notice that it ever occurred. As far as the complexion of the men was concerned, there was no evidence of destructive blood changes, such as might have been anticipated by constant destruction of oxy-hemoglobin. The amount in the system at any one time was too small."

"Examination of the urine of nine men revealed no glycosuria. This included one man suffering from nitro-glycerine headache. In his case there was no flushing of the skin or relaxation of the radial artery, although he was experiencing throbbing pain in the head and dizziness and nausea. His systolic blood-pressure was 122 mm. Hg."

"Alcohol enhances the toxic symptoms by relaxing the blood vessels. This is true to the degree that a man who has been exposed to nitro-glycerin all day without ill effects may precipitate a severe headache in a very few minutes by taking a cocktail."

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### **MODERN MEDICAL TERMINOLOGY.**

*Sir:* I have been meeting lately several general practitioners and antiquated fossils like myself who are breathlessly panting in the rear of modern medical progress, and trying to keep abreast of its recent developments, and from all sides I hear the same complaints.

First, of the complexity and obscurity of style and want of the

"clarity" which one of your correspondents so earnestly recommended in your columns some time ago; and, secondly, of the harsh and jaw-breaking words, mostly from Greek roots, extracted with difficulty, tough to chew, and impossible to digest.

May I remind your readers of a few culled from recent numbers of the *Journal*? "Trypanosomiasis" has, I believe, something to do with tropical diseases; and fortunately we are told that "triphenylmethane" is a dye, but no clue is given to the identity of "haptophoric." "Salvarsan" modestly cloaks itself in the mantle of "dioxydiaminorarsenobenzol," alongside, I suppose, of the "orthoamidophenol" group.

Pursuing our investigations a little further, we find "parasitotropism" and "organotropism," whilst a new derivative of quinine is introduced to us under the name of "ethylhydrocupinum," which is basely outdone by the methylhydrocuprein combined with pneumococcal serum. We are relieved to find that blastomycosis can be treated by salvarsan, but the victims of piroplasmosis must be in a bad way if they have to fall back on the two coloring matter—trypallavin and tryparosin. We hear of the semi-auricular spindle derived from the original semi-auricular ring, which has apparently something to do with the bundle system of the heart. It may possibly be satisfactory to some victims of cardiac trouble to be told that Külbs divided the bundle system into three distinct portions—namely, the Aschoff-Tawara node, the bundle of His proper, and the fine ramifications of the bundle to the apex of the ventricle, but even "orthoper-cussion" would fail to let me find the true inwardness of these weird terms.

If it is necessary to use a nomenclature which conveys no meaning to the ordinary professional mind then we must bow to the inevitable, and we old-fashioned folk must return with a sigh of relief to the clear and classic pages of Watson and Clifford Allbutt and Paget and Latham and Chambers. I am, etc.—*R. Farquharson*, P. C., M. D., Finzean, Aboyne, Sept. 26th.—*British Medical Journal*, Oct. 21.

## HOMŒOPATHIC VS. DIAGNOSIC PRESCRIBING.

To explain this let us quote from a letter from Dr. Geo. H. Clark, of Germantown, Philadelphia, Pa. Here it is:

I inclose a clipping from the London *Lancet*, which I respectfully submit for the benefit of those of your RECORDER readers who profess to practice Homœopathy, and who, instead of individualizing, prescribe on so-called diagnosis, or name of the disease.

No comment is necessary.

Here follows the clipping inclosed by Dr. Clark:

### INACURACY OF AMERICAN MORTALITY STATISTICS.

A startling article on the inaccuracy of American mortality statistics, written by Dr. Horst Oertel, pathologist to the Russel-Sage Institute of New York, has been sent to us, extracted from a journal called the *American Underwriter*, and its lessons may not unprofitably be taken to heart by some persons in this country who justly fall under Dr. Oertel's censure as dogmatic writers on the statistics of fatal diseases without troubling to test the reliability of the data upon which their statements are founded. "It is strange," says Dr. Oertel, "that, notwithstanding much discussion about improvements in the methods of recording and interpreting these statistics, the reliability of the death certificate itself is generally accepted." He then proceeds to show that the errors and inaccuracies in the present returns of causes of death are so great that it may fairly be doubted whether deductions based on the evidence of American statistics are at all trustworthy. The majority of American death certificates, even those of the larger hospitals, which represent the best available records, are based mainly on bedside diagnosis only. The testimony of American physicians who have systematically performed necropsies appears to be to the effect that the majority of clinical diagnoses are either wrong or quite insufficient to establish the cause of death. From his own experience Dr. Oertel does not hesitate to state that even at the time of the necropsy the medical man is frequently uncertain about the character of the disease and arrives at the truth only after prolonged study. The statistics of Dr. Cabot, of Boston, are instructive in this regard. He has published the percentages of correct diagnosis of what appeared to be the most important lesions revealed by 3,000 necropsies in that city, from which it appears that even in the hands of an experienced diagnostician the diagnosis of certain diseases was proved correct in the case of not more than 25 per cent. of the deaths; whilst the percentage did not exceed 75 per cent. in the case of any other fatal disease in the list. Commenting on Dr. Oertel's paper the editor justly remarks that if the actual causes from any considerable proportion of deaths have been incorrectly diagnosed, and the death certificates made out accordingly, the whole structure of a country's mortality statistics



fairly totters, and the grouping of classes, ages, and ratios is necessarily subject to the most serious doubts. It is this gravest of dangers in the compilation of American mortality statistics to which Dr. Oertel directs attention, and, in our judgment, the subject is worthy of the serious attention, not of vital statisticians alone, but of all the more important medical societies, medical colleges, and hospital authorities of the country.

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### PROHIBITION AND DRUG ADDICTION.

Drug addiction follows in the wake of prohibition. The relationship is definite and thoroughly attested. It is in "dry" districts of the country that the best market is found by the drug sellers of nefarious type. Repressive laws do not seem to meet the secondary evil. The fiends get the drugs they want. The whole situation is a most serious one, for in many districts of the country the liquor trade is carried on under such outrageous conditions that decent citizens are constrained to enforce prohibition. It is a grave question, however, as to whether the secondary evil is not a worse one than the primary vice. That it cannot be effectually controlled by restrictive legislation is now perfectly patent. Moreover, the secondary evil leads to others even worse, since the use of cocaine in the South by the negroes has been every definitely connected with sexual assaults and race riots.

It will not do for the prohibitionists to ignore the results that inevitably flow from the enforcement of "dry" laws. It is our own view that the results of drug addiction affect community affairs in a more deplorable manner than do the results of alcoholism, and if it be true that such results are uncontrollable, what position should be taken by intelligent men on this tremendous question? Just now there are world signs of a growing strength on the part of the prohibition movement, which makes the consideration of this subject especially imperative. Speaking honestly, we must confess to no definite convictions as regards the relative efficacy of possible remedies. We are only oppressed by a realization of the tragic issues involved.—*N. Y. Medical Times*.

(If what the *Times* says is true, that legislation has failed to reform mankind, then some other power must be invoked to accomplish that purpose. Our forefathers believed that this was the duty of the Church, and it must be said that when it was more respected these latter day evils were not so prevalent.)

## CALENDULA.

After twenty years, or more, experience with *Calendula*, I can surely agree with every word Dr. Gregory says about it. I have never had a poor quality of it, for I have always bought it from the homœopathic pharmacies, which are comparatively sure to furnish first-class goods and charge accordingly. In drugs I want the best and am willing to pay for them. The great Wm. Tod Helmuth, who for years was dean of the New York Homœopathic Medical College, I believe was the greatest apostle *Calendula* ever had. Whenever I hear a physician singing the praise of *Calendula* I think he has sat at the feet of Helmuth. I never had that good fortune, but have associated with a number who did, and in that way learned to use *Calendula*. Calendulated boric acid as a dusting powder I often use, and it is very good.

Almost twenty years ago I used hot fomentations on a carbuncle with wonderful results. I believe I used it in the strength of one ounce of *Calendula tincture* to a pint of water. I began to use it as soon as I got the case, which was well developed. In a surprisingly short time the slough came away leaving a clean wound, which healed rapidly. It was a case in an old woman 78 years of age, the location of the carbuncle being on the spine in the lower lumbar and sacral region. When that slough came away I believe it left a hole as big as the crown of my black stiff hat, and I was good and scared. I felt it my duty to tell the old lady that she would die, and I tried to break it to her as gently as I could. After I had hinted at it she very kindly helped me out. She turned around on the chair and faced me and said: "Well, Doc, in other words, you be a tryun ter tell me as how I haint a gown ter git over this here." I quite timidly replied that I feared such was the case. She thought a minute and then said: "Well, Doc, I know yer honest and you think I won't git well, but I'm older ner you several times, and I won't die yit. Oh, no!" She was out of her sphere at the time, visiting a son, who lived in Pittsburgh, but in a few weeks she was able to go, unaccompanied, to her home in the mountains of West Virginia. She visited her son a year later, and I met her on the street. I dare say she is still living, for she was a rare, rugged, rough old specimen of humanity.—*Dr. E. P. Cuthbert, Evans City, Pa., in Medical Summary.*

## THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

140 North State St., Chicago, Ill.

### OUR CONTRIBUTORS.

Attention is directed this month to the testimonial of Dr. George L. Brooks, of Chicago, who has a large South-Side practice, to the value of the contribution of Dr. Alonzo H. Waterman in the December RECORDER.

Dr. J. T. Bryan, of Louisville, writes us that the Department, in his opinion, is doing a great work for Homœopathy.

Dr. Fritz S. Askenstedt also writes us that he has already gleaned from it a number of points of value in his practice.

Among those specialists who have sent us their cards and from whom we hope to hear in the future is Dr. Frederic G. Ritchie, of New York, who makes a specialty of eye, ear, nose and throat exclusively. We begin in this number a short series of articles on the tonsils, written by Dr. George M. McBean, M. D., F. A. C. S., of Chicago, who has kindly responded to the request made by a reader of the RECORDER for the indications and technique of tonsillectomy. McBean's articles will be illustrated by cuts of instruments used.

Dr. Julius A. Toren, of Chicago, begins, in this number, a series of articles on the technique of the examination of mother's milk, which should be of the utmost value to busy practitioners, as Toren is experienced in this work and his directions are clear and trustworthy.

### THERAPEUTIC NOTES.

**The English Leaves of Digitalis.**—In our December issue we printed a therapeutic note from Dr. Alonzo H. Waterman, resident physician at the Hotel Sherman, and formerly an interne in a London hospital, relating his experience with **the fresh infusion of the English leaves of Digitalis**. This short note in the RECORDER has already saved one life, as the following testimonial from Dr. George L. Brooks shows:

"Dr. Clifford Mitchell:

"My Dear Doctor:—Relative to the case of acute dilatation of the heart with hyperemia of all the dependent organs, mentioned to you, I am more than indebted for your suggestion of **the infusion of the English digitalis leaves**, imported by von Herman, of Chicago, for after trial of a number of digitalis preparations with the case going on to extremis the effect of this preparation was most manifest. The resultant edema, hyperemia of the kidneys, etc., cleared: the heart, which had enlarged three finger-breadths beyond the nipple line and downward, rapidly regained its tone, and the patient is fast convalescing. I am most enthusiastic over this and desire you to recommend it to your friends: for here was truly a LIFE SAVER.

"Sincerely,

"GEO. L. BROOKS, M. D."

**Homœopathic Remedies in Eczema.**—Dr. Frederick M. Dearborn, of New York, uses in eczema *Petroleum 6x*, *Natrum mur. 6x*, *Sulphur 3x*, *Natrum sulph. 6x*, and *Nitric acid 6x*. Other remedies and remedial measures are described in full in his recent work on the skin, published by Boericke & Tafel. [As editor of this department I wish to say that Dr. Dearborn's book is the work of a man "on the job" and worth ten times its price to anybody having skin cases to deal with.—C. M.]

**Clinical Observations of Dr. Fritz S. Askenstedt.**—Low blood pressure, subnormal temperature, cold extremities, asthenia, weak cardiac action, and slow metabolism, point to **adrenal insufficiency**. In acute cases rapid improvement has usually followed the administration of *Gels. ix*. In some cases avoidance of sexual excess is all that is necessary for a cure.

Occipital headache, drowsiness, obesity, lack of sexual vigor—amenorrhœa in women—subnormal temperature, constipation and lassitude constitute a syndrome, not uncommonly met with, that yields temporarily to **thyroid extract**, one or two grains *bis diem*.

**Indications for Tonsillectomy.**—These, according to Dr. George M. McBean, of Chicago, are:

1st. In children whose adenoids have been previously con-



pletely removed without relief of throat conditions, and those in whom a few months of medical treatment has failed to cure conditions otherwise requiring operation.

2d. Tonsils large enough to act as impediments to breathing, speaking, or swallowing, but in young children a simple tonsillectomy may suffice.

3d. Tonsils which are subject to repeated attacks of inflammation causing sore throat, tonsillitis, quinsy or associated with colds in the head.

4th. Tonsil disease associated with cervical adenitis, especially in individuals who may have tuberculosis.

5th. Tonsils, and more especially adenoids, in patients who have symptoms indicating the advance of a catarrhal or infectious process up the Eustachian tubes: as earache, ear discharge, sound conduction deafness (lengthened Schwabach, negative Rinne and Weber to worst ear), retracted ear drums. Operate after the acute symptoms have abated.

6th. Tonsils whose crypts contain foul-smelling, cheesy masses, or pus, or tonsils known to be tubercular.

7th. Tonsils are frequently the portal of entry for infectious bacteria causing acute rheumatic arthritis, chorea and endocarditis, and where they are the known focus, constitute an absolute indication for tonsillectomy.

8th. Some of the forms of chronic rheumatism, myalgia, neuritis, etc., have been permanently cured by the removal of tonsils which before removal were apparently normal, but during the operation or after it a pus pocket was found in the tonsil containing virulent streptococci. A competent internist should rule out all other sources of infection before this experiment is tried.

9th. Tonsils need not necessarily be large to require removal. Some of the worst offenders are the small, hard tonsils badly adherent to the pillars of the fauces and to the superior constrictor muscle on which they lie. These adhesions form especially after quinsy in much the same manner as pleuritic adhesions.

10th. Taking into consideration the fact that tonsillectomy is a *major* operation, equalling in gravity an appendicitis operation between attacks, we should always remember that "the magnitude of an operation should not exceed in gravity the symptoms calling for relief."

**The Range of Utility of the X-ray in the Diagnosis of Bone and Joint Diseases.**—Dr. Emil H. Grubbe, of Chicago, recently read a paper before the Surgical and Gynæcological Association in which he listed thirteen bone and joint diseases in which positive opinions pertaining to pathologic conditions could be made by means of the X-ray exclusively.

**The Danger of Passing Sounds.**—Dr. Frank Wieland, of Chicago says: The genito-urinary system is the most sensitive in the human body. The most trivial causes may have the most tragic results. There seems to be most intimate sympathy between the urethra even and the kidneys, and the fellow-feeling of the different organs of this system for other organs makes the solidarity of the human family seem like a Kentucky feud in comparison.

Many years ago, when I was much younger, almost my only pastime was that of passing sounds on any man who called, even socially, to see me. I never now pass a sound without a short prayer and an attitude of deep spirituality. My reason is this:

The patient in question had been ill for some weeks with a mild typhoid. He had recovered sufficiently to allow his going to recuperate, in a distant city, at the home of his fiancée. The morning of his departure he called at the office to have his "strictures dilated," a most unusual preparation, in my mind, for a dulcineal visit. The dilators were passed, and he, with a sense of duty well done, left my office humming the spring song. A few days later I heard that he had been taken with convulsions on the train, was in deep uræmic coma when his destination was reached, and never recovered consciousness. Surely the sounds had over-irritated a pair of kidneys that had been taxed to their utmost during the month's illness. Only a few weeks ago, following a cystotomy for removal of bladder stone, it seemed wise to irrigate the bladder, to promote better drainage. The supra-pubic wound had closed, there was no temperature, and everything seemed favorable for recovery. The bladder irrigation was followed by urinary suppression, and the patient died in coma. I have found that there is less apparent shock if the urethra is anæsthetized with a mild cocaine solution a moment or two before passing the sounds, and, if urinary fever follows, *Aconite* is

almost specific in controlling it.

**Sounds Should be Used but Rarely.** They have become almost obsolete. When they are necessary their use becomes a surgical procedure, and should be so regarded.

## GENERAL LABORATORY TECHNIQUE.

JULIUS A. TOREN, M. D., CHICAGO.

We begin this month a series of short articles on the examination of milk. This is a much neglected field and one of great practical importance in pediatrics. It will be our endeavor to give not only the technique of the various procedures, but also a few suggestions as to the application of the information gained from the examination, to the individual case.

There seems to be an idea abroad in the land that the quality and quantity of mother's milk cannot be materially influenced by diet, drugs, etc. We have not only heard statements to that effect made by prominent obstetricians and pediatricians, but have also read them in standard text-books. From a fairly large experience along this line we cannot but think that the above is purely "opinion evidence" and not based on accurate laboratory findings; in other words, that it does not represent the "fact." Another statement made in many text-books is that the protein and sugar content of milk seldom vary. Here again we must take issue with the generally accepted teaching. Our own quantitative determinations show a very wide range of fluctuation in both of these constituents.

Average composition of various kinds of milk (Simon).

	<i>Human.</i>	<i>Cow.</i>	<i>Mare.</i>	<i>Goat.</i>
Water .....	88.3	86.7	90.6	86.0
Proteins .....	2.0	4.4	2.2	3.8
Fat .....	3.4	3.7	1.1	5.2
Lactose .....	6.0	4.5	5.8	4.3
Salts .....	0.3	0.7	0.3	0.7

The above figures represent per cent. by weight.

In addition to the above, all raw milk contains an oxidizing enzyme which is killed by heat (75° Centigrade or over). The absence of this enzyme proves conclusively that the milk has been heated, presumably for the purpose of preservation.

The proteins of human milk and cow's differ greatly, not only in amount, but in kind as well. In cow's milk the proportion of casein to lact-albumin is about 6 to 1; in human milk as 3 to 4. In food value these two kinds of milk are about equal, bulk for bulk.

In subsequent articles will be given the quantitative determination of the constituents of milk, the detection of adulterants and preservatives, the principles of milk modification, and some points on the clinical application of milk analysis.

## CLINICAL URINOLOGY AND RENAL THERAPEUTICS.

CLIFFORD MITCHELL, M. D.

**Lithemia.**—This condition is comparatively rare if those urine findings are considered which consist in a tendency to urate sediments associated with a lessened ratio of urea to uric acid. Many cases are called "lithemic" because of clinical features which are not really referable to purinemia but to faulty intestinal digestion. In these latter cases there is no disturbance of the urea—uric acid ratio but indicanuria and increase of glycuronates are in evidence. Genuine lithemia occurs more commonly in men. In women it is very rare, but we have noticed the urinary manifestations of it in several cases of tumor in women, one ovarian, another in the neck. Care must be taken not to rely too confidently upon a diagnosis of lithemia in the case of any patient under observation. The term is not beyond criticism, and in our opinion should be abolished. Purinemia is a term preferable when uric acid and purin bases are relatively in excess of the urea, and when there is a tendency to sediments of urates and uric acid together. A patient is not necessarily lithemic because of a sediment of uric acid alone, for such a sediment occurs in over-acid urine, plenty or not in volume, and is common in diabetic urine.

**The Urinology of Hepatic Diseases.**—We are indebted to a French journal for certain thoughts and observations upon the urinology of hepatic disease which we shall publish from time to time as space allows. The urinary phenomena of hepatic disease include delayed excretion of urine after meals, slowness of urinary elimination after ingestion of large quantities of water, and scantiness of urine when in the erect posture. Wide daily varia-



tions of the urinary output also occur. In the last stages scanty urine is the rule without much daily variation.

**The Phenolsulphonephthalein Test for the Renal Function.**—

This test is now extensively employed in clinics and hospitals owing largely to the exploitation of it in Baltimore where a cheap colorimeter is sold which is of great convenience to the attending physician. Full particulars of this test with technique can be found in *Modern Urinology*, page 508. It must be borne in mind, however, that a positive finding with the test, *i. e.*, evidence of good functioning, is more trustworthy than a negative one, for in unilateral kidney disease the healthy kidney may not function well. After removal of a diseased kidney we have more than once been surprised by the improvement in functional ability of the remaining kidney. The technique of the colorimetric determination by means of the Baltimore instrument is described in literature supplied by the dealers, Messrs. Hynson, Westcott & Co.

**Colon Bacillus Infection of the Kidneys.**—One hears nowadays much about the treatment, with vaccines, of colon bacillus infection of the kidneys. Commenting upon this Dr. Julius A. Toren, of Chicago, says: **To prove** that a case is one of colon bacillus infection of the kidney would cost twenty-five dollars approximately. For the things necessary for proof are: (1) Ureteral catheterization, necessitating aseptic technique; (2) bacteriological examination of the withdrawn urine, and (3) cultures on various media to prove the bacterial strain."

We can not help wondering what would become of certain diagnoses we read about if our worthy doctors were required **to prove** them in a court of law!

**The Saltfree Diet in Renal Diseases.**—It is our observation that a diet as saltfree as possible often starts the patient on the road to recovery or ameliorates the condition in renal diseases and also in certain bladder lesions. It is not necessary to remove absolutely all traces of sodium chloride from the dietary. Our rule is to exclude salt from the diet until the total NaCl in the urine (estimated by the Luetke process, *Modern Urinology*, page 106) drops to two or three grammes per 24 hours.

Œdema and blood pressure are favorably affected by the salt-free diet. Illustrating the benefit from the procedure is the following: On December 15, '13, was called to see a case of an elderly man in a late stage of chronic interstitial nephritis. Œdema was extending upward from lower extremities, breathing was labored, and sleep disturbed. The urine was scanty, strongly acid, and contained 0.2 per cent. of albumin by weight, with many hyaline casts in the sediment. Under the diet, prescribed for three weeks, œdema lessened, breathing improved and the urine increased to 2000 c.c. in 24 hours. The salt content was reduced in total to about three grammes. Albumin decreased, and but one cast could be found. This is only one instance of several which the author has seen of beneficial results from a decrease of the sodium chloride in the dietary.

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## BOOK REVIEWS.

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LEADERS IN HOMŒOPATHIC THERAPEUTICS. Fourth edition. By E. B. Nash, M. D. 493 pages. Cloth, \$2.50, *net*. Postage, 16 cents. Philadelphia: Boericke & Tafel. 1913.

Nash's *Leaders in Homœopathic Therapeutics* is the most popular book on homœopathic remedies published in recent years, as four big editions, all printed from type, attest. The first edition appeared in 1897, and the fourth, though dated 1913, is really a 1914 book. What is the secret of its popularity? Having written the question the reviewer opened the book at random for an answer; *Crotalus horridus* was on the page's heading, and there he read, among other things: "It," *Crotal.*, "seems, so far, to have shown its greatest usefulness in diseases which result in a decomposition of the blood of such a character as to cause hæmorrhages from *every outlet of the body* (*Acetic acid*); even the sweat is bloody. This occurs in the lower fevers of hot climates, such as the bilious remittent fevers, typhoids, and that dread scourge of the hot climates, yellow fever. It is also the chief remedy in diphtheria when the profuse epistaxis occurs which marks many cases of a malignant type. In hæmorrhages of the nose in an old man of broken down constitution, where none of the remedies usually applied did the least good. *Crotalus*

acted promptly, and no doubt saved the man's life." There is more in the section on this little used remedy, but the quotation will show the style of the book and why it is so popular. In one full page the reader is told, and told in a readable manner, just what the remedy has done. It is the same with over 210 remedies written about in a similar manner. Read a remedy or two in this book every day during the leisure hour and you will soon have a broad, comprehensive conception of that, to many, stumbling block, *The Homœopathic Materia Medica*.

This edition contains 73 more pages than the third, which are chiefly made up of a brief synopsis of the symptomatology of the leading drugs; otherwise there is but little change in the text—because none was needed. It is a book that any physician interested in the practice of medicine can buy with the assurance of getting "value received" for his money.

*ELEMENTARY DERMATOLOGY.* An Epitome of the Most Common Skin Diseases for Students and Practitioners, Alphabetically Arranged. By Ralph Bernstein, M. D., Clinical Professor of Dermatology, Hahnemann College, Philadelphia, etc. Fully illustrated. 406 pages. Small 8vo. Cloth, \$3.00. Boericke & Runyon. 1913.

This book contains 80 illustrations, the greater part of them being of the diseases treated, and 20 "parts" or chapters. The illustrations are in the main clear and good. As for the text the author tells us that the book was "written primarily for the student in dermatology, and conforms in a general way with the method of instruction as given by the author at the Hahnemann Medical College and Hospital of Philadelphia. Its mere intention is to give an outline of the fundamentals of elementary dermatology and to act as a guide to follow in dispensary work." With these modest words the author introduces his book. The ordinary reviewer is lost when he tackles a specialist's book. Take, for instance, "Part X., Regional Dermatology," here are six and a half pages devoted to the names only of the diseases, classified, from scalp to feet, the back of the hands being credited with twenty-two, and so on with the other regions, more or less. The space from page 215 to 363 is devoted to homœopathic materia

medica and repertory : a good feature. Dr. Bernstein has a large practical experience in skin diseases, and his elaborately fitted office and his rooms and instruments are well worth a visit. The last statement has nothing to do with the book, but it shows that it has plenty of practical experience back of it.

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THE ANNALS OF SURGERY for December is not so much a magazine as an octavo book of 266 pages, freely illustrated. It is the "Anæsthesia number." It is printed on fine paper with good type that is easy on the eyes. In regards to this latter point it may be noted that *The Lancet*, London, recently adopted a larger type, and the publishers did not seem to be quite certain whether the readers are getting more critical or the race's eyesight is deteriorating. But whether one's sight is good or defective, it is senseless to strain it over small type, poorly printed matter. The type of *The Annals* is a pleasure to read, and we presume the contents are equally good, but do not know anything about surgery. Published by the J. B. Lippincott Co., Philadelphia, Pa.

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WANTED. A MATERIA MEDICA. "To scientifically and profitably interpret a symptom one must have a clear conception not only of the essentials, location, sensation, and modalities but he must study the symptoms in their relation to physiology, diagnosis, and etc. And the last thought by no means least requirement is the verification of the symptoms in all its relation. I wish we could have a modern materia medica pura containing no symptoms except verified symptoms. Each symptom having been verified by at least five thoroughly competent prescribers. Such a materia medica would be a godsend to physicians in the interpretation of symptoms and to his patients in preventing suffering and death."—Dr. Geo. Royal, *Iowa Homœopathic Journal*.



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## EDITORIAL NOTES AND COMMENTS.

TYPHOID SERUM.—A correspondent asks the editor of the *Journal A. M. A.* about this treatment. The editor replies that the serum used is that of Chantemessee, "who reports very good results," but "these have not been confirmed." The immunity produced by it is "quite temporary." The serum is obtained from horses. The editor then goes on to say that the vaccines produce an immunity that "on healthy persons lasts about two years and in some cases longer." Assuming this to be true, have our learned brethren ever considered what state a healthy system is put in by the immunizing typhoid poison by which it is enabled to resist typhoid poison? Is there any analogy between the typhoid-immune and the arsenic eater, also an immune who can take enough arsenic to kill several healthy persons?

AN EDITORIAL CHANGE.—Dr. S. M. Hobson, 917 Marshall Field Building, has been appointed editor of *The Journal of the American Institute of Homœopathy*. The RECORDER wishes the new editor, and the *Journal*, much success. The more homœopathic journals the world has the better for the world. Dr. Hobson has had much experience on the staff of *The Clinique*, and will make a good editor for our official organ.

CENSORING MEDICAL JOURNALS.—*The Journal of the American Medical Association* is to-day the unanimously self-elected journal of American medicine. Its thunderbolts have closed the doors of many small colleges that had turned out good men.

have crippled many medical journals and played Jovian hob generally. Now it says we have too many journal articles printed that are not worth printing, and calls for a change in this respect. There is much truth in what it says, but who is to be the judge of what is good? Indeed some may say that the *Journal* would do well by making a beginning in the matter of sweeping its own door-step. From the same issue the following is quoted from the leading article: "We have trained ourselves to remove the appendix when the patient is suffering no discomfort at all, and often when the attacks have been insignificant. We do not always remove the appendix, therefore, to relieve the patient of suffering, but often only to protect him from death from peritonitis." Would not this be open to possible censorship? For the past few weeks the leading English medical journals have been boiling over on the subject of "The Craze for Appendectomy," from which it may be inferred that the public, who furnish the clinical material and the money, also the non-surgical doctors, are becoming restless over too much operation to protect from peritonitis.

There is much medical chaff blowing through the journals and the popular magazines, but it is better to let it blow rather than to suffer the possible tyranny that might follow the suppression of a free press. You Dearborn Street men may have the highest and best in medicine and be fitted to rule, may have the loftiest ideals, but the world is a big one and not every man could live up to your giant stature. Therein is where some think you are in error—when by law, the police, the army and the navy you would force all to be measured by your standard. It would be wise for you to allow the big world a little more medical elbow room, even if some "quackery" does creep in and garner a few ill-gotten shekels. And then, What is quackery?

MODERN THERAPEUTICS.—The following quotation from a letter by Dr. J. F. Briscoe to the *British Medical Journal* sounds almost naughty: "The history of therapeutics undoubtedly savors of empiricism even at the present day, inasmuch as experimental research can but feebly balance the affairs of health." Ever and anon from the vast confusion of modern therapeutics, from the serums to the polysyllabic proprietaries, arises a cry

that leads one to the belief that in Homœopathy alone is to be found therapeutic sanity.

RADIUM DANGERS.—While Dr. Howard Kelly, of Johns Hopkins, is being quoted far and wide on Radium as the long sought for cure of cancer, and his medical brethren are talking of disciplining him, it may be interesting to make a note of what Sir Alfred Pierce Gould has to say on the Radium cure for cancer in the *British Medical Journal* of January 3d. After citing several cases in which the treatment seemed to do all that Dr. Kelly says it will, he presents the other side of the shield under "Dangers of the Radium Treatment of Cancer." Among these dangers, verified, are sloughing, ulcers, thrombosis, hæmorrhage, constitutional reaction, high fever, rapid pulse and metastasis, *i. e.*, the awakening of malignant diseases. Without trying it on the individual case no one has any means of knowing what will happen. It looks like the old allopathic fallacy of over-dosing was still in the saddle. They cannot get over the notion that if a little is beneficial more will do still better, and herein is demonstrated the crying need of a knowledge of Homœopathy infused into their science. If they would use, say, the 60x internally, they would have better results and harm no one. There be those who want to make Radium a Government monopoly in order that there may be plenty of it to treat the sick. Yet this is just where the treatment will (allopathically) go down and out from too big doses. Throughout their literature the effort is towards ever bigger doses, and the result will be that eventually they will damn the drug, whereas it is themselves who should be—blamed.

GETTING DRUNK.—Floating on the tide of "news items" comes the information that "being under the influence of liquor" will no longer be accepted as an excuse for ungentlemanly behavior by two German universities. The Roman proverb is, "*In vino veritas*," or, as the Saxons (wasn't it?) rendered it, "When the wine is in the truth is out." This brings up a rather delicate point, sometimes overlooked in our more refined age, namely, that the liquor doesn't put the evil in a man, but it draws aside the curtain, thus showing his character. It may be that the Romans and Saxons were wrong, but that is another bone to

growl over. Man likes to have something or someone to blame for his short-comings.

CONCEPTION AND PREVENTION.—The editor of one of our interesting exchanges—they are all interesting, in one way or another—is very earnest in his advocacy of the righteousness of the prevention of child-bearing as making for “the happiness and progress of the human race.” The RECORDER goes with him to the length of agreeing that every married pair should be at liberty to do as it pleases in this very personal matter, but begs leave to point out the self-evident, but overlooked mathematical fact, that it is the seed of those who let the children come that will inherit the earth and whose name will not perish. Whether the avoiding of this is worth the trouble is another matter—but such is the fact, glaring at us from all sides to-day.

THE VACCINE CRAZE.—It looks as if some of the big journals were beginning to gag at vaccines. The *British Medical Journal* sarcastically remarks: “At the present time, when the quietus of so many diseases is made with a bare bodkin, it is not surprising to learn that a vaccine for constipation has been discovered.” If there is a successful vaccine for one disease there must be for each particular disease, and hence, if what those who advocate them say is true, the occupation of the doctor will soon be gone. But do not be in a hurry to quit for at best the result of the vaccine is suppression, and you will have more to do in the future, though of more difficult diagnosis and treatment. There is a great field for homœopaths, in the future, to discover the remedy for the several vaccine diseases now being sown. You will be more needed than ever, you homœopaths.

“A DIPLOMA DOESN'T MAKE A DOCTOR.”—“As to graduation from a college: I have known doctors, lawyers, governors and presidents who never went through college. You should never forget, and should preach the doctrine, that a diploma does not make a doctor. It only affords him a better chance to become a doctor by his own efforts. I have known men out of universities who were so learned that they had no common sense. Alexander the Great could not sign his own name.”—*Col. Henderson before Southern Railway Surgeons—International Journal of Surgery.*



## PERSONAL.

Women rules about everything but the fashions; to them she is a slave.

"Not to know him is to be unknown," said the nominating medical man, and then consulted a slip to find his name.

Superstition. A belief you do not hold.

He must necessarily fear many, whom many fear.—*Seneca*.

Claude thinks the woman question could be easily settled "if a fellow knew what they want."

They say "C. M." is making success of that "Specialist Department."

The homœopathic Specialist is a step in advance over the original Specialist.

Which is worse, talking women or a whistling man in the next room in your hotel?

Alaska, with countless millions tons of coal, imports it! Wake up, Uncle Sam!

Honest, now, you A. M. A.'s, what does your "protection of the public" amount to?

The latest scientific touch is that nervousness is due to acids—piffle!

"What is the medical status of the chewing gum habit?" asks Dr. McClintock. Girls!

After reading "nature," "osteopathic," "orificial," "electro," "Christian Science," "physical culture" and "Alkaloidal" journals one wonders how it is that disease persists.

The polite way: "Go get your sulphur for nothing!"

Pride and humility equally fall on *le peel de banan*.

Do your best, but don't tie yourself with resolutions binding forever.

There is a certain element of sadness in humor.

It makes an irascible man worse than ever when some advice given tells him he ought "to be cheerful."

Claude says "some of the fellows need vacuum cleaners for their heads."

It requires patients to run an auto.

She said she needed the rest cure. Young M. D. asked to see her tongue. Tableaux!

"Cheer up, the worst is yet to come!" Bear stock market cry.

"He cured my rheumatism beautifully," remarked the woman, "but I've been a nervous wreck ever since."

"Pop says a horse is useless until broken," remarked the kid, as he broke his hobby-horse.

"Ungrateful creature!" shouted the vegetarian to the bull that chased him.

# THE HOMŒOPATHIC RECORDER

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## THE MEDICAL BRAHMIN CASTE.

When one of our estimable friends of the Brahmin, or, what is, perhaps, the same thing, of the Allopathic Scientific Medical Caste, which is supposed by themselves, and by a number of others, to be the highest caste in medicine, when one of these is called in to a patient he can do many learned things, if the patient on his part can pay for them. He can take the opsonic index; he can have a blood count made; eyes examined and heart, lungs and other organs; the urine tested and also the fæces; bacteriological examinations made of many things given off by the patient; x-ray photographs made and tests of pulse and heart rhythm made by very ingenious and delicate instruments. All this can be done, and much more, but unless something is found that can be turned over to the surgeon to do, what more can the Brahmin do with all this variegated knowledge, when the patient pathetically gazes into his face mutely pleading for that very unscientific and very old fashioned thing, Cure? Very little, and that little as unscientific as his previous procedures had been scientific, for the Brahmin knows not therapeutics.

His book of therapeutics is, too often, but the advertising pages of the journal which prints only the bluff literature of the proprietary things that have received a Royal Grant from "The Council." Did not the great one of this class, *i. e.*, the high Caste, say that the wisest physician is he who knows the worthlessness of drugs? To be more explicit he should have added "in the pharmacopœia." So cut off there is nothing else for the poor scientific Brahmin to do but resort to the secret drugs sanctioned by "The Council." Is not the foregoing, though put a bit fantastically, bed-rock fact? Calomel and quinine still linger

lonely, like leaves at the end of the branches of a denuded tree in bleak November, but they are about all that is left aside from the proprietories.

Now the science of these Brahmins is not without its use; it is also a necessity in view of the laws they have forced on the other physicians, but it is only the outer courts of the temple of medical science, for the end of that, the true medical science, is not a correct diagnosis (generally wrong), but the cure of disease—and the cure of disease is wrought, so far as medicine is concerned, by Homœopathy. Men who understand *Similia* have need to be bothered with but little of the pow-wow of the Brahmins. Live symptoms, the very spirit of the disease, if it may be so termed, are his diagnosis, or guide, to what should be done to lead the patient back to health, which is the whole duty of medicine.

On his part the homœopath also may stumble by treating what is only amenable by surgery or removing the cause. So it seems there should be a coming together of the discordant medical factions, but it will only avail for good with Homœopathy as the center and the others as subsidiary sciences. Otherwise it will be nothing but vanity and vexation of spirit! Medical science with its head where its feet should be.

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## **ORGANON, SECTIONS 150-153, INCLUSIVE.**

**By Alexander C. Hermance, M. D., Rochester, N. Y.**

These several sections relate to the value of recognizing important symptoms, though few in number, which need prompt medicinal treatment, and which indicate a morbid disease, and those cases with a few trivial symptoms which do not require serious attention and are removed by change of diet or general habits of the patient.

We are not, however, always able to differentiate between insignificant symptoms and those of a more serious nature. The value of certain symptoms varies with the patient, and is greatly a matter of temperament. What we would consider of importance in some patients in others would be given little value, not that any symptom is too trivial to a close prescriber, but that it

means more in some cases than in others. We have, for example, the nervous, excitable patient whose imagination works overtime, and who exaggerates every little pain or ache—who knows she has diphtheria with very little sore throat—and appendicitis with every light pain in the abdomen. She uses extreme expressions in describing her condition, such as “intense suffering,” “unable to endure the horrible and excruciating pains,” “being in agony,” etc.

Then we have the patient from whom it is almost impossible to get symptoms. They do not feel well, but do not think they are very sick. Their pains and aches are not exaggerated, and we must base our prescription mostly on objective signs. The relative value of the same symptom would vary considerably in these two cases. However, be the symptoms and conditions simple or grave, we ought always to give the case the same careful consideration and advice, assuring the patient, whose ailments are trifling, of a speedy recovery after following your treatment.

As every good homœopathic prescription is based upon the totality of the symptoms, which includes the subjective and objective symptoms, previous history, habits, environments, occupation, pathological conditions, etc., we can successfully apply the remedy even if our diagnosis is uncertain. This is not so with our old school friends or the pathological homœopathic prescriber (if there is such a thing), who, if his diagnosis is wrong, so also is his treatment, as he treats the disease as he has diagnosed it. You sometimes hear it said in a certain community that a patient was treated for the wrong disease by the doctor. This can not apply to a homœopath, as he treats the patient and not the disease by name.

We must, however, endeavor to make out the true pathological condition whenever possible, in order to prescribe the general care and treatment of the patient, but the application of the drug does not necessitate it.

We are sometimes called “symptomhunters,” “Hahnemanniacs,” paying little attention to pathological conditions, and, therefore, poor diagnosticians. But the fact is that in our close study of drug pathogeneses in comparison with the morbid disease often makes positive a pathological condition which was otherwise obscure.



As Hahnemann says, in section No. 7, "The physician has only to remove the totality of the symptoms in order to cure the disease." How can we best obtain this totality? There are two methods by which this can be done. The first, as is stated in section 153, by taking the prominent, uncommon and peculiar characteristic features of the case, which are often the most important, and comparing them with the symptoms of tested drugs giving little notice to the general and indefinite symptoms common to many drugs, known as "Keynote prescribing" and the "Repertory System," which is the most thorough and reliable method, though requiring much more time and study. This consists of tabulating the symptoms, uncommon, common and general, then using a good repertory, compare the drug, symptom by symptom, beginning with the characteristic peculiar or uncommon symptoms, following with the general and common symptoms. You can in this way work out your case to an almost mathematical precision.

It has been said that homœopathic therapeutics is a speciality requiring a special adaptability or gift of mind and temperament to excel in the application. This may be so to some extent, but it seems to me a matter of systematic work that may be accomplished by any physician.

Hering says in the preface of the "Guiding Symptoms" that three points of rest, according to mathematics, being enough to support an object, we should assume that three characteristics should be sufficient to make a cure probable. In our acute and less serious cases the "Keynote" system of prescribing is all sufficient, and some of our best cures are made by such prescriptions. But with our chronic cases, those of long standing, we must resort to the "repertory" and work them out thoroughly. A case well taken is half cured. The first taking and recording of a case is the hardest part, as is stated in section No. 104: "When all the prominent and characteristic symptoms, collectively, forming an image of a disease, have been carefully committed to writing, the most difficult part of the work will have been done."

**TUBERCULOSIS OF THE JOINTS—A CASE.**

**By Dr. Carl Gruber, Clinton, Iowa.**

Tubercular joint diseases are usually caused by a constitutional defect, although some claim traumatism is often the cause, while others claim the tuberculous bacillus as the cause. However this may be, I believe the bacillus is a result and not a cause of the disease. Which was first, the hen or the egg? Tubercular joint diseases occur more frequently in the young than in old people. When a tuberculous deposit is primarily met with in the capsule of a joint, the interference with the function of the joint is not materially affected until the disease has so far progressed that disintegration is occurring. The joint is usually swollen or distended, the accumulation of fluid at times being so grave as to require aspiration, or, in very advanced cases, require a more radical surgical operation with chisel and curette, or even excision of the articular ends. The constitutional treatment is all important, and I can perhaps make myself better understood by describing a case which came under my observation.

Mrs. R., aged 19 at the time when her elbow joint became diseased. She was poor and was obliged to make her own living, as both of her parents were dead. She entered the city hospital of Hamburg, Germany. She was there six years. Many doctors treated her. She was four times on the operating table, where chisel and curette were used. Twice they wanted to amputate her arm, but to this she objected very emphatically. After six years' treatment in Hamburg and anything but cured, she left the hospital. She had learned how to dress it and use the lotions and powders herself. She hired out as a nurse girl. She could shove a go-cart with the left arm. Her right arm was still in a sling. She worked four years this way. This makes the history of the case ten years. Going around town with a go-cart she fell in love with a young man and was married. Soon after she and her husband came over to this country to Clinton, Iowa. In due time a baby was a result of their married life. I was called to tend to the labor. By this I noticed that her right arm, or, rather, elbow joint, was wrapped up, and the dressing was all soaked with pus. I made the remark, and asked her: "Madame,

what is wrong with your elbow?" She replied: "I wish you would not ask me. That is a thing that can not be cured. I will have to take that to my grave. I was treated six years in the Hamburg City Hospital by the best professors of Germany, but they could not cure me, although I was four times on the operating table, and twice they wanted to cut my arm off. I left the hospital and they were glad to see me go. I dressed my right arm according to the doctor's instructions for four years longer, but I am not cured."

I examined the joint. The sinuses where the bone had been chiseled out were open and pus was running freely. I asked her what the doctors in the old country called her disease. 'Tuberculosis of the bone,' she replied. I promised to cure her, but she laughed at my suggestion, and said: "How can a Clinton doctor cure me when the best physicians in Germany failed?" I knew the professors were all "regulars." I insisted on treating her. She finally consented. I gave her *Hepar sulphur* 2x and *Silicea* 6x, and told her she must take it regularly from three to four months.

I did not hear from her again as she never reported. About six months later I passed her house and she was outside sweeping the sidewalk, using her right arm, which she had not been able to do in the last eleven years. The arm remained well and is useful to this day. It is now three years since the treatment.

In conclusion, I wish to say if a homœopathic had treated her I would not have treated her if she had hired me, but knowing all her treatment was "regular," and seeing strong indications for *Hepar sulphur.* and *Silicea*, I wanted to give her the benefit of homœopathic treatment.

Once more, Hurrah for Hahnemann!

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## "THE PRACTICAL VS. THEORETICAL HOMŒOPATHY."

By J. L. Jennings, M. D., Danville, Va.

It has been often stated that the homœopathic physician is not an all round physician, that his Alma Mater did not infuse into him all the knowledge that was essential to make a competent physician, that drug action and symptomatology was taught to

the exclusion of other just as important branches of medical science, viz., anatomy, histology, physiology, pathology, bacteriology and such.

We will have to admit that in the beginning of things homœopathic that the discovery of the scientific law of *Similia Similibus Curantur* by that grand old man, Samuel Hahnemann, more than a century ago, so upset things medical that were accepted as the best science could offer that in their zest and endeavor to find the specific for all diseases they were somewhat over-zealous in certain lines than in others: but to-day I will say that our homœopathic medical colleges are abreast of the times, and recognize the importance of this knowledge, and are drilling its students in all the many different branches of medical science that pertain to a thorough medical education.

It is just as important for a physician to be a good anatomist, physiologist, bacteriologist, etc., as to be able to be a symptomatologist. Symptoms are but manifestations of disease divided into two classes: Objective, those that you see; subjective, those that the patient tells you about. All but too often we are perplexed and confused in trying to differentiate the important from the less important.

Herein lies the keynote for the success in treating such cases, and wherein the homœopathic physician has made his greatest success.

I think that the homœopathic physician has just as much right, and it is his bounden duty as a physician, to alleviate acute suffering as quickly and safely as possible by using his hypodermic syringe. Expediency and temporary treatment in such cases demand instant remedial attention and relief, if we would hold our cases. Later, when we have accomplished our first object, we now have time to prescribe the indicated remedy and get results that would have at first been impossible.

I know I am treading upon dangerous ground, but be it as it may, I am going to relieve my patient as quickly as possible.

Do not misunderstand me and think that I carry my hypodermic syringe ready to use every time I see a patient suffering—far be it from that. It is the duty of every physician to use his utmost discretion in such cases. I can conscientiously say that I have never caused a patient to become addicted to the use of



opiates or any drug-forming habit in my thirteen years of practice.

A physician to be a success must know something of human nature, must be a well balanced man, must have confidence in his ability, and last, but not least, must be able to impress himself and his ability upon his patient, thereby gaining his or her confidence before he can begin a successful treatment. One should not lose sight of the important fact that the power of suggestion or psychic influence at the psychological moment plays an important part as a remedial agent. I am sure you will agree with me, especially those of you who have practiced medicine for several years, and have had extensive dealings with the many varieties of patients.

Is the trend of the homœopathic medical college of to-day towards a practical, scientific and useful physician, or towards an over-educated, impractical and theoretical doctor, or shall the purpose of our medical colleges be to aim and cut down the number of doctors?

Our friends of the dominant school say that the profession is over-crowded. Is the statement strictly true? Yes and no. The allopathic school is over-crowded, while in the homœopathic school there is a tremendous dearth of new blood. The demand exceeds the supply.

When I say the demand exceeds the supply it is no Utopian dream but a most potent fact. It is a well known fact that wherever you find a homœopathic physician you will find a successful physician, both financially and as a curative agent. Every college of our school is deluged with inquiries for young homœopathic doctors. These inquiries come in good faith and must be satisfied.

Does the intensive study of the fundamentals in the practice of medicine mean neglect of the homœopathic materia medica and the passing of that splendid school of homœopathic internal medecists who made our school famous? I will say no. The homœopathic materia medica is just as important a factor in the success of our school of to-day as ever, but the materia medecists must realize and recognize the important fact that there is more in the practice of medicine than the mere prescribing of the indicated remedy. At a time when the problems of medical

education are disturbing the minds of many earnest educators and physicians through this broad land, it seems to me that this influential body might well consider the practical, industrious and evenly balanced physicians of the past, whose early training came from the preceptor. We are living at a time when all avocation competition is keen. Many serious problems confront us.

I am firmly convinced that the place of the preceptor in our medical curriculum should be restored and that instead of an increase in our college course time credit should be given for one year at least after the medical student has spent a specified time in the office and with a practitioner of much experience.

Many a young doctor hungering after the glamour of notoriety has been side-tracked by that "will-o'-the-wisp," American Medical Association, which has led so many of our good homœopathic physicians astray, who, if he were guided by a preceptor, would be influenced in the right direction, and would land in the American Institute of Homœopathy where he can get all that is best in the practice of medicine. He would remain a permanent fixture and a useful member in the up-building of our school.

Friends, a great move has now been made by the American Institute of Homœopathy towards the unifying and placing our school in a stronger position by the inauguration of a propagandistic work that is bound to lead ultimately to success. Let us make practical young men and women physicians, and hold on to them. Give them a thorough, practical course, both didactic and laboratory, in chemistry, physiology, anatomy, histology, pathology, embryology and bacteriology, but drill them throughout the entire course from the day they enter college till their exit in the *materia medica*. Demonstrate the curative action of drugs in the clinic, in the hospital and by the bedside, prove the action of drugs upon their own person, if possible, and then you will turn out thorough homœopathic physicians. The homœopathic school of medicine is fully abreast of the times, is pushing ahead everywhere.

To-day is ours, but to-morrow may belong to the man behind. We must keep active and vigilant; activity does not tire, gives resting power, develops the mind, teaches one to stay when the tussle is on. Ambition sharpens the intellect, fertilizes the brain, and some day results will grow out of it.

We must look to the proper education of our young men and women. The time may come when we shall need their loyalty to our school as badly as the Mexican bandit needs his colt. He left it at home but his competitor could not overlook it. Our competitors are watching and waiting, they are seeking an opportunity to legislate to our disadvantage, not willing to leave it to the test at the hospital and bedside. We will have to rely for our survival upon the fidelity and loyalty to our school of the young men and women graduates of to-day.

We cannot survive long if we have not earned it. We must perpetuate an increase. The great forces of our lands are dying out because there is not a constant growth of saplings, they can only be perpetuated by the seeds, which drop from the grown trees, and so it is in life. The young men and women are the seeds, our colleges the trees, its teachings, if conscientious, will bear fruit. They will be our insurance against the future, they are the timber of to-morrow. You may not need them now, but as the years roll on and your powers fail and you can no longer stand the strain because of declining years the skill and knowledge and the confidence which you have instilled within them will protect your past efforts and warrant the continuance of prosperity for the future.

Hold on to your boys and girls, they are valuable to you. You have a need for them that they may continue the fight which you have so gloriously waged in the past. Teach the young doctor drug action by drug proving; do it in the college, there is no better time and place. It may be permanently fixed in them, there is no better training for them in materia medica while they are storing their minds with useful knowledge. They are obtaining something of permanent value to themselves and their fellowman.

The allopathic school has no such priceless heritage as our materia medica, but content themselves by concentrating on diagnosis, pathology and surgery. On diagnosis they are very proficient. Ours is a school of therapeutic specialists, we must concentrate our materia medica, making its study less difficult, eliminate the less important symptoms and be able to select the indicated remedy more easily; however, not to the neglect of the other important branches of medical science. Christian Science,

Divine science and the Emmanuel movement are perfectly normal and sane; re-actions of over-medication are already leading the thinking physician to a careful investigation into the fields of psychic research. The homœopathic physician has used this for a century. What do we mean by mental symptoms, if they are not manifestations of the psychic? The whole fabric of our symptoms of therapeutics would fall down were we to ignore mental symptoms and expunge them from our strictly scientific *materia medica*. We must teach them to retest old drugs under strictly scientific supervision and start the new one correctly in life. This is strictly our function as a separate school of medicine. The data thus collected will be useful when the "Pyramids of Egypt" will have crumbled into dust, and the Panama Canal looked upon as a curio of an ancient race. All honor to the men of the Institute Committee on Drug Proving, who are devoting so much of their valuable time, energy and money to this most beneficent therapeutic research.

Our future doctors should possess a strong mental grip, a capacity for hard work, intellectual power and a high aim. This should bring forth capacity for large financial returns, enjoyment and an honorable life. The main achievement of college life is to obtain mental force, sustain thorough and reasoning power.

Nothing that I have said should be construed to mean conflict with our brothers of the dominant school. Our young men and women graduates should know the best that is in medicine and from competent teachers. We should invite a study of our system of medicine and open our eyes to whatever cures human ailments or alleviates suffering or in any way may add to the sum total of human happiness, always remembering that all symptoms in every line are making for newer and better methods to heal mortal man.

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## **MAGNESIA PHOSPHORICA.**

**By Alexander C. Hermance, M. D., Rochester, N. Y.**

The phosphate of magnesia is best known to us all as one of the important tissue remedies of Schuessler. Owing to the fact that we have no direct proving of the drug we must rely upon



clinical symptoms in the application. These are sufficient, however, to allow us to use it with satisfactory results in many cases. According to the biochemic theory it acts chiefly upon the white nerve fibers of the nerves and muscles, using albumin and water to form a white transparent fluid which nourishes these tissues, hence a deficiency of this salt in the fiber allows it to contract, producing spasms, cramps, convulsions, etc. When this contraction takes place there is pressure on the sensory nerves, which causes darting, neuralgic pains in any part of the body. However, be that as it may, clinically speaking, *Magnesia phos.* is essentially a neuralgic remedy, particularly of the face and head. The pains are violent and may affect any nerve, sometimes localizing itself and becoming worse and worse so that the patient becomes frantic with the pain. It is my experience that it is particularly indicated in thin, emaciated persons of a highly nervous temperament. But this is not an essential characteristic.

Neuralgias from exposure to cold, raw winds or riding in cold, damp weather. Troubles produced from damp and wet exposure, this would make us think also of *Dulcamara* and *Rhus tox.* Neuralgias of the face coming on at night; pains so violent drives patient out of bed; pains darting, shooting, maddening, from exposure to cold north wind—"amelioration from heat and pressure." These are the keynotes for this remedy in neuralgias. Pains return when becoming cold or going into cold place. Hot liquids ease toothache similar to *Nux vomica* and *Moschus* (opposite to *Bryonia*), aggravated from cold water (opposite to *Coffea*, *Calcarea carb.* and *Spigelia*). Neuralgias relieved by heat and pressure; patient presses painful parts which relieves. Its power to debilitate and cause irritation of the nerve and muscular tissue makes it particularly useful in stiffness, numbness and deadness of nerves from long use, such as writers' cramp; cramps in fingers from long piano practice; typewriting, etc., in every form of over-exertion producing cramping, stiffening from overuse; fingers suddenly give out refusing to perform their work. A workman's hand will suddenly cramp and become almost useless—to be thought of in all kinds of overexertion.

Schuessler prescribes it in all nervous conditions, but we can

only use it to advantage upon its special indication,—in dysentery with violent paroxysms of sharp pain ameliorated by heat and pressure with aggravations from cold, cold bathing, cold winds, cold weather, violent attacks of headache, ameliorated by hard pressure, heat and in the dark. He wants the head bandaged "tightly," to be in warm room, and is greatly aggravated by cold.

Violent pain in acute rheumatism relieved by heat and rest. The least motion bringing them on (*Bryonia*).

Kent says: "The mental symptoms of *Magnesia phos.* have not been brought out to any extent. It has been used clinically when diarrhœas have ceased suddenly and brain troubles have come on. The guiding symptoms give this peculiar mental symptom,—talking to herself constantly or sitting still in moody silence or carrying things from one place to another and then back again."

Kent also says: "It is a wonderful remedy for spasmodic hic-coughing, and cures cases where you can get no other symptoms to prescribe on." Like *Magnesia phos.* *Colocynth* has a facial neuralgia relieved by pressure, also colic relieved by bending forward and pressure, but it has not the marked relief from "heat." *Arsenicum* has nightly neuralgia relieved by warmth, but not by pressure. It is very much like *Hypericum* in its nerve pains, but has not the traumatic history.

*Menyanthes*—pains are also relieved by hard, firm pressure but not by heat. Headaches relieved by firm pressure or bandaging head tightly. May also be found under *Bryonia*, *Gelsemium*, *Ignatia*, *Nux vomica*. The characteristics which particularly indicate this remedy are in neuralgias—amelioration from heat and pressure—aggravated by cold. In colic—amelioration from bending double and warmth—from pressure.

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### THE COUNTY KINGS SOCIETY.

The fifty-seventh annual meeting of the Homœopathic Medical Society of the County of Kings was held at the Medical Library Building, Brooklyn, January 13, 1914, the President, Dr. Roy Upham, in the chair. Herbert S. DuCret, M. D., N. Y. Hom. Med. Col., 1912; William C. Powell, Jr., M. D., N. Y. Hom. Med. Col., 1913, both of Brooklyn, and Edwin C. Braynard,

M. D., N. Y. Hom. Med. Col., 1910, of Sea Cliff, N. Y., were elected to membership.

The matter of changing the Constitution and By-Laws to permit the election of associate members was discussed and laid on the table. The amendment to the By-Laws and Constitution changing the meeting night of the Society from the second to the fourth Tuesday was adopted.

The following Board of Officers for 1914 was duly elected: President, John F. Ranken, M. D.; Vice-President, Robert F. Walmsley, M. D.; Secretary, L. D. Broughton, M. D.; Treasurer, Alfred Bornmann, M. D.; Necrologist, Alexander J. Stewart, M. D.; Censors, Roy Upham, M. D., W. S. Rink, M. D., Oranda S. Ritch, M. D., H. D. Schenck, M. D., and Alton G. Warner, M. D.

Dr. W. Gilman Thompson, of New York, gave "A Lantern Exhibition of the Mode of Acquirement of the Occupational Diseases." The lecture was an interesting review of the work that has been accomplished in ameliorating the dangers in occupations where mercury, phosphorus, arsenic, lead and other poisonous metals are used, and where the workers are exposed to excessive heat, dust and confined and compressed air. The lecturer called the attention of the members to the fact that all physicians are required by law to report to the Commissioner of Labor of New York State the name and address and place of employment of any patient who is suffering from the effects of an occupational disease or from the effects of poisons absorbed in their work, a penalty of ten dollars being imposed in case of non-reporting of such fact.

L. D. BROUGHTON, *Secretary*.

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### **A NEW JOURNAL—THE "NEWS LETTER."**

Comes to hand the first number of "Council on Medical Education News Letter," January, 1914. It is published by the Council on Medical Education of the American Institute of Homœopathy. The price is 25 cents a year, and you can get a specimen copy by addressing the Secretary, Dr. W. A. Dewey, Ann Arbor, Mich. All editors or libraries may receive it free on request. Its contents are made up of short, quotable para-

graphs, and it is hoped that the daily and weekly press of the country will use them freely and without credit, if desired. The doctors are also urged to get items run in their local papers in order to familiarize the public with things homœopathic. The idea is a good one, and, in the main, well carried out.

There are two criticisms, however, that are respectfully submitted to the Council for consideration.

1st. The title. It seems to some that it ought to be more distinctive—something to indicate what sort of medical education it is all about, for there may be allopathic and other Councils.

2d. It may be questioned whether anything is gained by claiming serum and vaccine therapy as a part of Homœopathy, especially in view of the possibility (and not at all improbable) that both may be discredited in the not distant future, as is done in the fifth item of the *News Letter* itself, where it is stated that the men in the U. S. Navy who have received the typhoid injections "have lost weight, and instead of enjoying good health have been sickly ever since." To be sure the *News Letter* does not openly claim this therapy as a part of Homœopathy, but it gives two quotations, without comment, squinting that way.

The idea back of the undertaking is excellent, and the RE-CORDER hopes the *News Letter* will appear regularly and in increased size for years to come, or until Homœopathy has displaced allopathy as the official medicine of the nation, for a hidden light enlightens no one.

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## MARTYRS.

There is considerable sympathy wasted on martyrs, and always has been. A martyr is "one who voluntarily suffered death as the penalty to renounce his religion or a tenet, principle or practice belonging to it; one who is put to death for his religion," or, metaphorically, put to death, or excommunicated, for holding certain opinions. From the very beginning of human history men have banded together to uphold certain religions, tenets or principles, because no man can stand alone, unless he be a god, which no creature ever has been, or ever will be, a fact, even though it may hurt our pride. We are all human, from the ditcher to the emperor. Being human, according to the old



Latin proverb, we are all liable to error. Twelve men may hold twelve differing opinions on one subject, and only one possibly can be right, with the possibility that he may be in the wrong like the other eleven.

History presents a goodly array of martyrs who have been persecuted, some of them even to the extreme of death. As a rule, the world sympathizes with those who have suffered persecution and condemns the persecutors. No one seems to think that there may be something to say on the side of the persecutors. X, Y, Z, *et al.*, form a society, or something of the sort, to uphold certain specific principles, tenets or doctrines. X thinks he sees, after a time, that they are false and starts a propaganda against them. Y, Z and the others persecute him to death. History shows that X was right in his views and he becomes a martyr. Was he? Suppose he had been an officer in an army and had come to see that the cause for which he was fighting was unjust; and suppose, further, he had used all his official power in favor of the enemy, been caught at it and shot, would he have been regarded as a martyr? A martyr in the true sense is one who, having formally severed all connection with an organization, or who has never belonged to it, yet is put to death, or bitterly persecuted for his opinions.

The gist of this somewhat abstract matter seems to be that as no one man can flock by himself he must join hands with his fellows. If further enlightenment proves to him that he is joined to error he should formally sever his connection and not retain it while he is in opposition to his companions. That is what Benedict Arnold did not do, but no man can prove that he was not acting according to his conscience. Yet the world does not call him a martyr because he was not one, any more than is one who, retaining his membership in an organization, yet gives aid and comfort to its enemies. If one belongs to an organization chartered to uphold the belief that the world is flat he has no right when convinced of his error to retain his membership with the honest believers in a flat world. In other words, all great organizations are based on a very few fundamentals: members may fight about details but not about the fundamentals: if one disagrees about these he should quit and not wear the livery of the one organization while trying to serve its enemy.

even though he may be honestly told that justice is on the other side.

For a specific example take this case. A man is a member of a medical organization formed to uphold certain principles; if the man ceases to believe in them, yet retains his membership, taking every occasion to undermine those principles, and is, figuratively, put to death, he is not a martyr even though he be right in his views; he but gets what he merits.

All this may be a bit hazy, but there is a point here worthy of thought.

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### OXALIC ACID SYMPTOMS.

Dr. H. J. B. Fry contributes a paper to the *Lancet* recently on "The Decalcifying Action of Oxalic Acid." Among the symptoms observed from the effects of *Oxalic acid* were twitching of the muscles, muscular weakness, fall in blood pressure, cyanosis, collapse and loss of consciousness, all of which is attributed to the precipitating of the calcium salts by the acid. In the nervous system there was observed cerebral excitement, in the cutaneous system exudative erythema, in the urinary system large quantities of albumen passed, in the alimentary system persistent vomiting and constipation, and the conclusion is that *Oxalic acid* poisoning manifests itself in all regions of the body, due to the precipitation and removal of the lime salts. The three cases on which Dr. Fry bases his observations had taken<sup>1</sup> from 2 to 3 ounces of the drug. He notes, as above the marked symptoms, but in his report of the individual cases we note there were the following symptoms:

Face livid and extremities cold and blue, cyanosed, and skin cold and clammy.

Heart and pulse very weak, but variable.

Convulsive twitchings of muscles.

Little urine passed but highly charged with albumen.

Constipation, with thirst and dryness of the throat, but no soreness of throat.

Vomiting persistent for a week.

Muscular weakness and mental depression amounting to neurasthenia.

These symptoms were present in all three cases, and may be taken as a good proving of the drug.

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### A PROVING OF ARSENIC.

Dr. E. Lindstrom (*Wien. klin. Woch.*) gives an account of his own suffering from arsenic poisoning and that of his 11 year old son. He had moved into a newly painted house, and it was afterwards found that the paint was highly charged with the poison. It began with a severe neuralgia in the right nervus sacralis. The pain ceased when he rested but began again when he arose. Washing was very painful. Gradually he could hardly do anything with his right hand. The area over the triceps was swollen and tender, and was suggestive of phlegmon. From this point the pain radiated to the back of the forearm and hand, and to the shoulder, back and neck. Muscular rigidity prevented his walking upright, and the pain, which was at first stabbing, became later dull and numb. His son developed conjunctivitis. The cause was then discovered, but in spite of treatment brown pigmented areas appeared on the back of the right hand. When finally improvement set in and the doctor returned to work he found that after three days the numb sensation and then the pain returned, necessitating another three weeks' rest. Again, when he resumed work the same thing recurred. His left hand had been tuberculous in early life, and consequently he was "more than usually right-handed." "The extra work thrown on the right hand and arm is, therefore, probably responsible for the distribution of the neuritis, which was so violent in this case that nerve stretching and even amputation were contemplated."

The foregoing is condensed from the *British Medical Journal*.

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### A PROVING OF ANHALONIUM LEWINII. (MESCAL BUTTONS.)

Bernhard Smith who assisted Havelock Ellis in his investigations of the drug, *Anhalonium lewinii*, writes a short note concerning his personal experience with that drug, or proving as the homœopaths would call it. He used a fluid extract; the

maximum dose was given at 10 drops. This had no effect, neither had 50 drops, but when he made it 100 drops he got "results." This is the way he gives them:

"Fifteen minutes afterwards I experienced slight dyspnœa accompanied by transient headache, which symptoms were rapidly followed by intermittent tetanoid spasms in the hands and feet, and with a sensation of general *bien aise*. A sense of egotistical concentration, together with a delightful feeling of irresponsibility towards one's surroundings succeeded, and lasted, in all, eleven hours.

"No special illusions were present, however; neither was there any vertigo nor subsequent drowsiness.

"The heart was accelerated during the whole of the period, the radial pulse varying between 80 and 90. The pupils were unaffected, and the digestive powers were undiminished."

Whether Dr. Smith was not sensitive to the drug or whether the fluid extract of it is not as active as the tincture, are questions to which there are no answers; at any rate it would not be wise to jump in with 100 drops, either in proving or dosage. Taken from the *Lancet*.

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### **"THE DANGERS OF STERILIZED MILK."**

To the Editor of *The Lancet*.

Sir: The line printed above this is the heading of an important article in the *Times* of Dec. 29th, in which Mr. Robert Mond had a good deal to say against the practice of sterilizing the cow's milk on which children are fed. The heading may possibly have surprised or even alarmed some people; others it may have pulled up short and caused them to think, for sterilization of children's milk is still widely believed in as necessary. It is, indeed, part of the ritual of most nurseries.

The question of the expediency or the necessity of the practice, however, cannot conveniently be entered into by medical men in the public press (though I for one am grateful to the *Times* for bringing the matter forward, as well as for the way in which it has been done), and I hope that *The Lancet* will be inclined to open its columns to a discussion on the subject.

I do not know when the sterilization of nursery milk was first



advised, but it is easy to see how it came about. Thus, cows are liable to tuberculosis; milk from a tuberculous cow may give rise to tuberculosis in the human subject; the germs of tuberculosis are killed by a heat somewhat below that of boiling water; children may be fed on milk thus treated without risk of their being infected with the germs of tuberculosis, even if the milk be drawn from tuberculous cows. It is very simple and attractive.

But we do not yet know for certain that milk from a tuberculous cow will infect a human being. Mr. Mond says that children have been reared on unsterilized milk from cows which have afterwards been found to be tuberculous, and have been none the worse for it. He also reminds us that our post-mortem records reveal the fact that tuberculous children are infected by the air-passages rather than by the stomach or bowel. He also tells of certain kittens which, being fed wholly on sterilized cow's milk, died miserably; whilst others, used as a control and fed on plain cow's milk, grew up and flourished. This was a valuable vivisection experiment, and it is to be hoped that by planning it and seeing it carried out, Mr. Mond will not have attracted the suspicion of violence of any of his friends.

Of the biochemistry of the sterilization of milk I am not competent to speak, but I do know this, that during the process it has been strangely altered, for its taste is quite different. The milk has been changed from a living fluid to a dead one. To the adult this may not signify much, but for the child it may make all the difference, the milk having lost its *living spirit*. What exactly this living spirit of milk may be the chemist is unable to tell us. At any rate, he cannot separate it in his test-tube nor weigh it in his most delicate balance. Yet it exists. Perhaps the physiologist, who is less of a materialist, can make a guess as to its nature. Otherwise it must be left to the medical man to predict concerning it.

My own opinion is that sterilization renders cow's milk unsuitable as a food for young children. I am half inclined, indeed, to use the word *dangerous*. I have closely watched infants whose only food has been sterilized cow's milk, and have found many of them poor and ill-nourished, and just in the condition to fall victims to tuberculosis. Later on, I have detected in them

the early signs of rickets. In others I have found the tender bones and the spongy or bleeding gums of scurvy. But as soon as the sterilization of the milk was stopped improvement set in and was continued.

I am Sir, yours faithfully,

EDMUND OWEN,

Consulting Surgeon to the Hospital for Sick Children, Great Ormond Street, W. C.

Upper Berkeley Street, W., Jan. 5, 1914.

(From London *Lancet*, Jan. 10, 1914.)

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### THE ALLOPATH EXCOMMUNICATED.

Simmons, boss of the American Medical Association, and Wilcox, the militant President of the American Institute of Homœopathy, have had a scrap, the full details of which may be seen in the *New England Medical Gazette* for February. The RECORDER is inclined to think, though this may be partiality, that Wilcox had the best of it by all odds, as even many allopaths will admit.

It is all about the new Directory, which is to be "a Register of legally qualified physicians of the United States and its Dependencies." The milk in the cocoanut is this: that although the Sovereign States of the United States of America recognize homœopaths, grant charters to them and appropriate money to aid in the support of their hospitals the A. M. A. refuses to do so and puts itself above the civil law. Probably the reason for this is the fact that the people have always submitted to this usurpation of power. For instance, when they killed off all the small medical colleges by having their examining boards refuse to recognize them. The colleges were chartered by the States and the examining boards are also the States' creatures, yet they assume the power of killing a fellow creature. Is it legal to do so? It doesn't look so, but it goes!

The A. M. A. and its boss should read that old fable of the frog who aspired to be as big as the ox; he puffed himself up mightily, but finally burst and, low be it spoken, the bursting was not a cataclysm.

But to return to the mutton: Dr. Simmons wrote to Dr. Wilcox and then Dr. Wilcox replied, and asked sarcastic questions. For example, he asks what sort of a city directory it would be in which the publisher gave only the churches of the denomination to which he belonged?

Now note the crushing rejoinder, or, perhaps, better, the inflation approaching the inevitable crisis. Here it is:

"Your letter of the 15th inst. has been received. Accepting your comparison, we are listing neither 'Protestant' nor 'Catholics,' but the medical profession. We are not compiling a directory of sectarians—Allopaths, Homœopaths, Eclectics, Physio-Medico, Osteopaths, Chiropractors, Neuropaths, Christian Science Healers, or any sect, but of physicians, noting after each name certain facts and indicating by type and symbol whatever allegiance the individual holds to the American Medical Association, the publishers of the Directory."

The sum of it all seems to be that unless you bear the brand "A. M. A." you are a quack, a maverick, an undesirable citizen. Surely the limit of inflation cannot be far off and you need not be surprised to hear a little "pop!" before long.

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### A NEW VIEW OF VACCINATION.

This is taken from an editorial in the *Journal of the American Medical Association*, February 28, and is worthy of a careful reading:

"It is an undeniable fact that many persons have been led to expect disagreeable symptoms from vaccination because of the sequels, which, at times in the past, have made this procedure annoying to the subject. To-day it ought to be frankly admitted that for the most part these objectionable features are undoubtedly the result rather of the vaccination than of the vaccinia. Isadore Dyer, of the Tulane University College of Medicine in New Orleans, has strongly urged the modification of certain common practices in connection with vaccination in the belief that they not only represent an unnecessary hardship and discomfort, but also contravene the best hygienic postulates in developing immunity to small-pox by producing vaccinia in the subject. Many operators leave the 'after-treatment' of vaccination to the

person concerned, indifferent as to the vesicles, the pustulation and the pit or pock-mark deemed the evidence of a successful vaccination. Dyer points out that when the vesicle forms at the site of inoculation the person inoculated with the virus has vaccinia, just as much as the person with a chancre has syphilis. He insists that the vaccination should stop at the vesicle, and that the pustule—a sign of local infection with pus organisms—should be prevented. In small-pox itself every effort is made to avert the appearance of pustulation and the consequent pitting. Why not in vaccination? If we admit that the vaccination process should stop at the vesicle and that pustulation is not only unnecessary, but even undesirable, then the eruption should be checked before the objectionable stage by purposefully breaking the vesicle and treating the site antiseptically."

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### MODERN TREATMENT OF PNEUMONIA.

Under the heading, "The Treatment of Pneumonias at the Philadelphia Hospital in the Season 1912-1913," Norman B. Gwyn, Medical Registrar of the Philadelphia Hospitals, read the paper before the Section of Medicine of the College of Physicians of Philadelphia. It is printed in *Therapeutic Gazette*, from which the following interesting table is clipped, with preliminary words:

"I think you will all agree with me that it is useless to compare methods of treatment, in pneumonia at any rate, in such terms as 111 cases were treated by exposure to open air with 45 deaths.

33 cases were treated indoors with 21 deaths.

38 cases were treated rigorously with digitalis with 16 deaths.

19 were treated consistently with quinine and urea with 8 deaths.

22 were treated with salt solution by vein, by mouth, by bowel, with 14 deaths.

13 were treated expectantly with one death."

Dr. Gwyn goes into the general subject of treatment quite freely, but the above figures speak with considerable force. Some of the cases would have died regardless of treatment and others have lived in spite of it. Still the facts are interesting as actually given.



### **AUTO-INTOXICATION.**

Science comes and then goes like chaff before the wind, that is: For years certain learned ones have been writing learnedly about auto-intoxication, explaining what it is and how it works. Indeed, books have been written on the subject. Now comes Professor J. G. Adami, of McGill, Montreal, backed by *J. A. M. A.*, who says: "The word, in short, should and must be banished from the vocabulary of all self-respecting medical men. It is absurd to jumble all these conditions into one common heap." He also says that the thing started "with a blunder by the French scientist, Bouchard," and, apparently, the medical world fell for it on faith as they do for much else that comes forth, backed by name.

To all this, and more, the editor of the *Journal* adds, "We quite agree with Adami that products arising in the alimentary tract by the action of invading micro-organisms are not auto-intoxicants in any strict sense. As he remarks, poisons originating in the digestive tube originate outside of the body every whit as much as if they had their origin in the vaginal chamber or on the skin. With 'sublime heedlessness' Bouchard jumbled all varieties of harmful factors which find their way into the gastro-intestinal canal. Meat-poisoning, whether infective or chemical, internal strangulation and frank infections like typhoid fever and cholera, were put into a common category of intestinal 'auto-intoxication'—a word which has become a shibboleth." He also adds, very sensibly, "A discovery of the real cause of the symptoms is the best forerunner of appropriate means of treatment.." Now if those estimable and, in many respects, able men who, for want of a better term, we call "allopaths," will learn that the symptoms are also the guide to the curative remedy, as the great Dr. Hahnemann taught, they will have made the greatest "step in advance" in their history.

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### **THE QUESTION OF MEDICAL SECTARIANISM.**

The presentation of the arguments for and against the amalgamation of the University Medical School and the new City Hospital before the Charter Commission last Monday night presented some curious and amusing ideas upon the subject of medi-

cal sectarianism. First, we were told that there is no such thing as an allopathic or regular school of medicine. Other speakers seemed to think that there was no such thing as the homœopathic or eclectic school, that we were all now "just physicians." This would seem to be a kind of Christian Science view of the matter, since everyone knows that no matter how much we might wish there were not, there really are "schools" in medicine.

According to Dr. Dabney, any professor in the University Medical School is free to teach any system of philosophy or therapeutics he might care to, being in full accord with the university idea of academic freedom. This is quite true. Any professor in the University Medical School is free to teach any system of medical philosophy or therapeutics he may wish—that is, any system but the homœopathic or eclectic systems. It would be curious to see what would happen to, for instance, the professor of practice in the university school if he even so much as hinted that there might be something to learn from the homœopaths or eclectics. It is curious to note that even in a discussion of medical history the tremendous influence that the heresy of Hahnemann and his followers has had upon the practice of medicine in general is scarcely ever adequately set forth.

Now a body of individuals can be just as sectarian in the matter of the dogmas that they exclude from discussion as in the matter of dogmas that they may include. It is true that any member of the dominant school may advocate any therapeutic theory except the homœopathic or eclectic. If he should do this he would be condemned as sectarian; although it may be pointed out that the American Institute of Homœopathy has defined a homœopathic physician as one who has added to a knowledge of general medicine a special knowledge of homœopathic therapeutics. On this basis it would seem that, whether by inclusion or exclusion of a dogma, the homœopathic school is actually less sectarian than the dominant school.

Because a physician takes a special interest in and becomes peculiarly proficient in electro-therapeutics, he is not on that account given the opprobrious designation of electro-therapist and considered to belong to an electro-therapeutic sect. Why should it be otherwise with our brethren the homœopathists and eclectics? \* \* \*

Dr. Dabney, with great fervor, enunciated the opinion that there were no sects or school in science. This was a strange statement to come from so prominent an educator. He should know that there are even schools of thought in so definite and mathematical a science as geometry. In his lectures to his classes the professor of philosophy at the university would not for one moment think of neglecting a careful elucidation of the history and ideas of the different schools of philosophy. Why, indeed, should the chairs of materia medica and therapeutics and practice in the regular medical colleges consider it heretical to give due credit to the different schools of medicine? That they do not is clear evidence that the teaching staff of the University Medical School does not and could not possess that academic freedom that we have been told so vigorously it does possess.

Do these gentlemen think that a school or schools of medicine that have had so long and honorable a career as the homœopathic and eclectic schools, and have numbered among their adherents so many conscientious and scientific physicians in the United States at least, rest wholly upon myth, fancy, mysticism, ungrounded dogma and clinical fallacy? If they do and continue to take this attitude they are making a very grave and serious mistake. It is a significant fact that notwithstanding the tremendous decrease in the medical registration that has taken place in this country during the past ten years, the *homœopathic and eclectic schools have not suffered a decrease in any degree relative to that suffered by the medical colleges of the dominant school.*

It is not due alone to the fact that the standards of the University Medical School may be somewhat more rigid than those of the eclectic school of this city that the latter has almost twice as many students as the former. It is due to the fact that there is more academic freedom within the walls of the eclectic school than there is within the walls of the University Medical School.

Sects in medicine are, indeed, unfortunate, but it should be noted that no sect ever became a sect of its own accord, but only became sectarian in so far as it is excluded from the dominant school. This was clearly the history of the early days of homœopathy, which, indeed, secured the vast majority of its disciples from the ranks of the general medical profession.

It was pleasant to listen to Dr. Dabney's fulsome eulogy of academic freedom, but facts are facts. Several have been stated, but one more with which the people of this city and the Charter Commission should be familiar, must be stated:

When the Pulte Medical College of this city was contemplating an amalgamation with the Cleveland Homœopathic College, it was suggested with the approval of the whole faculty that an attempt be made to amalgamate with the University Medical School. This would have enriched the University Medical School by some \$40,000, the only proviso being that the trustees establish and maintain a chair of homœopathic therapeutics and practice. A committee was appointed to negotiate with the trustees of the university, but eventually reported that this offer was refused. How does this accord with the talk of academic freedom and the protestations of good will toward all schools of practice, from the lips of several, one man who so spoke being on the Board of Trustees of the University at the time this offer was made.—*Cincinnati Medical News*, Feb. 19.

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## THE VACCINATION QUESTION IN THE LIGHT OF MODERN EXPERIENCE.

(*From London Lancet, Feb. 14.*)

Dr. C. Killick Millard, on February 4th, concluded a course of three lectures on the vaccination question in the light of modern experience by the Chadwick Trustees.

In his first lecture Dr. Millard said that when he first went to Leicester his views on the subject were strictly orthodox, but in consequence of his experience of small-pox in Leicester, he had been obliged to modify those views considerably. He attributed the bitterness felt by the opponents of vaccination to the compulsory clauses of the Vaccination Acts. There was also the repulsion which many persons felt to the introduction of a disease into a healthy child for the sake of preventing another disease, the risk of contracting which was problematical. He set out the following propositions as those to which he had been brought by his own observations:

1. I believe absolutely in vaccination, though with certain im-



portant reservations, and I differ *in toto* from the anti-vaccinist when he asserts that vaccination is a "myth" and a "delusion." I agree entirely with the provaccinist that recent vaccination confers on the individual protection against small-pox, which, for practical purposes, is complete, though unfortunately only temporary.

2. Vaccination, repeated as often as necessary, is invaluable for protecting those who for any reason are specially exposed to the infection of small-pox—for example, doctors and nurses.

3. It is also of very great value for protecting persons after actual exposure to infection—that is, small-pox "contacts."

4. I agree entirely with the provaccinist that vaccination has a remarkable power of modifying and mitigating small-pox for many years after its power to protect against attack has worn out. Moreover, the protection conferred by vaccination can be renewed by revaccination.

5. On the other hand, I agree with the antivaccinist in doubting the value to the community at the present day of infantile vaccination as provided by law. I think that an altogether exaggerated view has been taken as to the effect of such vaccination in preventing the spread of small-pox, which is the real problem before us.

6. I agree with the antivaccinist that sanitation, notification, isolation, surveillance of contacts, and other modern measures which are becoming generally adopted, have played a more important part in the abolition of small-pox from this country during the past thirty years than infantile vaccination.

7. I think the antivaccinist is right when he contends that the drawbacks to infantile vaccination and the injuries to health caused by it are not sufficiently recognized by the medical profession, who, in their sincere anxiety to defend vaccination, have been inclined to minimize these drawbacks.

8. On the other hand, I quite admit that the antivaccinist, in his hostility to vaccination, has frequently run into the opposite extreme and grossly exaggerated these drawbacks, whilst endeavoring to prejudice the question of vaccination by making wild assertions about the nature and origin of vaccine lymph, etc.

9. There is distinct evidence that small-pox is leaving this

country in spite of the increasing neglect of vaccination, and it seems probable that such neglect of vaccination will continue to increase until the great majority of the population has become unvaccinated. I am inclined to believe that when this happens the problem of small-pox prevention will very possibly be simplified and made more easy rather than more difficult.

10. The great difficulty in controlling the spread of small-pox at the present day is the occurrence of very mild unrecognized cases of the disease which spread infection broadcast before any precautions can be taken. It is an important fact, the significance of which does not appear to be sufficiently appreciated, that these mild unrecognized cases which do so much mischief, and which go so far to thwart our efforts to control the spread of the disease, occur almost entirely amongst vaccinated persons and *because they were so vaccinated*. In other words, it would seem that infantile vaccination, by its very success in mitigating small-pox after its power to protect from attack has worn out, may have a distinct tendency to encourage the spread of the disease. It is possible that this tendency more than neutralizes any benefit which the community derives from the fact that vaccination largely protects the child population from small-pox.

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### THE CRAZE FOR HYPODERMICS.

"Professor Ferreri, of the University of Rome, seizes the opportunity in a recent number of the *Policlinico* of drawing attention to the alarming proportions this morbid psychic phenomenon has reached in Italy.. Hypodermic medication has been elevated to the position of a universal panacea, and the populace is being slowly embalmed by it. Not only are heroic remedies, approved by the official pharmacopœia, introduced under the skin, but all the mysterious specialties, which, thanks to extensive advertisement in the press, are recommended either by medical practitioners, by real or fictitious members of religious orders in the odor of sanctity, or by manufacturers of chemical products on the verge of bankruptcy, are welcomed subcutaneously by a highly credulous public."—*Lancet* editorial.

## THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

140 North State St., Chicago, Ill.

OUR CONTRIBUTORS.

Attention is directed to the series of articles on the tonsils by Dr. G. M. McBean, of Chicago, illustrated with cuts of the instruments used.

The inventor of the hypodermic extension instrument is Dr. Richard H. Street, of Chicago, whose contribution to the *RECORD* appeared in the first issue of our department.

### THERAPEUTIC NOTES.

**Removal of Tonsils Under Local Anæsthesia.**—Dr. G. M. McBean says this should never be tried in young children or in nervous adults, as local anæsthesia at best is not complete in throat cases.

A sterile solution of Novocaine 1% with Adrenalin Chloride 1 minim to the 2 drachm mixture is used. This makes the Adrenalin 1-60,000 as used in the Mayo clinic: it does not make a bloodless field but it lessens the danger of secondary hæmorrhage. The Novocaine Solution is practically non-toxic and may be injected almost ad libitum.

An ordinary hypodermic syringe with Street's extension (Fig. 1) and some short sharp fine hypodermic needles are used

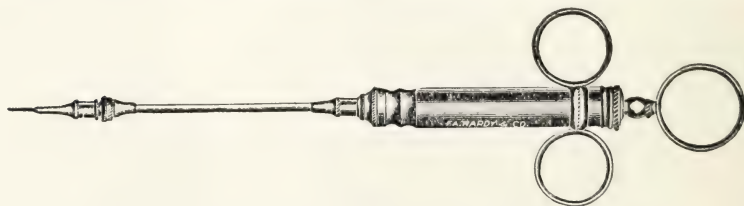


FIGURE 1.—Hypodermic Syringe with Street's Extension.

for injecting the solution through the anterior pillars into the base of the tonsils. A right angled needle may also be used to inject under the mucous membrane of the posterior pillar.

If the tonsils are fairly large and not adherent, the easiest and quickest method of removal is with the Ballenger-Sluder guillotine (Fig. 2), an instrument much like the old Mackenzie ton-

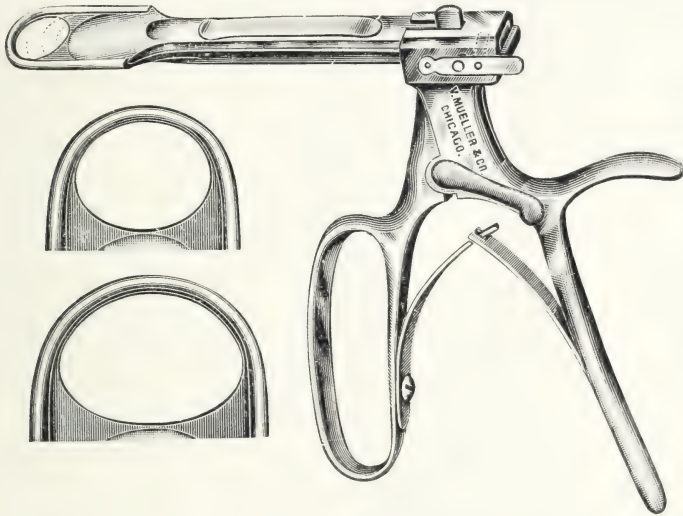


FIGURE 2.—Ballenger-Sluder Guillotine.

sillotome. It is introduced from the left corner of the mouth for the right tonsil and vice-versa. The fenester in the blade is pushed up from behind and below the tonsil and the tonsil is pushed through the opening with the index finger in the mouth of the patient by pressing through the anterior pillar until the finger can feel the opposite side of the fenester. Then the semi-sharp blade is pushed through while the finger is being withdrawn. If the operation is properly performed the tonsil comes out intact in its capsule.

If there are dense adhesions about the tonsil sluderizing is more difficult, and the regular dissection operation with forceps and sharp knife to make the initial incision between the anterior pillar and the tonsil may be preferred. The dissection may be completed with the finger, and the base of the tonsil severed with a sharp knife, guillotine or snare.

Hardly any two operators agree on the technic of tonsilleectomy. For freedom from hæmorrhage the new Ballenger-Sluder "Number 3" (Fig. 3) is best, but it should be left on the tonsil for five



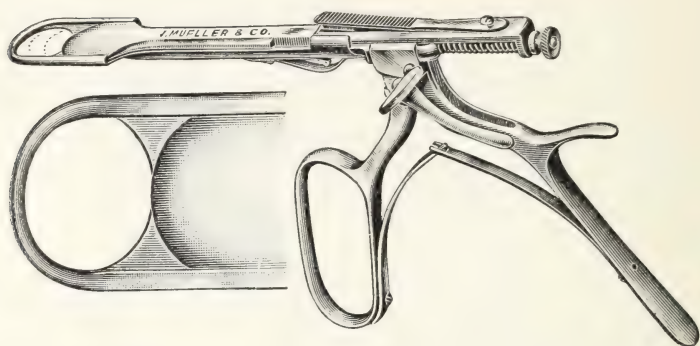


FIGURE 3.—Ballenger-Sluder Instrument No. 3.

to ten minutes before the sharp blade is pushed through, and few persons can bear this under local anæsthesia. The other methods are all bloody and sooner or later every operator has his cases of hæmorrhage.

**Relief of Chest Pains.**—Dr. Fritz C. Askenstedt, of Louisville, makes the following practical suggestions:

**Rheumatic** chest pain, especially when due to exposure to draft of air, is, best relieved by electric light, arc light or incandescent, preferably 500 c. p., applied as closely as patient will tolerate.

In **angina pectoris** amyl nitrite by inhalation is still without a successful rival.

In so-called **pseudo-angina**, in the absence of abnormally high blood pressure a high frequency current administered through a vacuum glass electrode to spine and chest will afford most satisfactory relief.

In **aneurisms** rest in bed, with opiates in severest cases.

**Uterine Cancer.**—Dr. B. A. McBurney, of Chicago, reports the following case: The patient, 54 years old, had passed the menopause six years, and began to have a leucorrhœal discharge tinged with blood. Consulted her physician and was told that “her menses were coming back.” Went along for six months and consulted another physician who sent her to a hospital at once.

Examination showed her case to be inoperable. Every case past the menopause which begins to flow should have a thorough

examination and, if no cause found, a proof curettement made and scrapings examined.

Irritable bladder with frequent urinations is one of the early symptoms of cancer uteri. Bad odor usually comes late in disease, also enlarged glands. Don't forget uterine cancer is a **Painless Disease**.

**The Wassermann Test.**—According to Dr. E. A. Fischkin, of the Chicago College of Medicine and Surgery (Old-School), the Wassermann test is only a part in the diagnostic chain of symptoms of syphilis. It has a value only in conjunction with the other symptoms of the disease. *It is corroborative evidence.* It can never serve as a safe basis for diagnosis when not supported by clinical evidence of syphilis or when contradicting clinical symptoms. Without the knowledge of recognition and interpretation of clinical symptoms the physician will often be confused and misled by the Wassermann test.

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## GENERAL LABORATORY TECHNIQUE.

JULIUS A. TOREN, M. D., CHICAGO, ILL.

The most important constituent of **milk**, and the one which largely determines its food value, is **fat**. Cow's milk is universally standardized on the basis of the fat content. Two methods for the determination of the percentage of this constituent are given below. The first, or Babcock method, is the one generally used because of easy performance, simplicity of apparatus, and the short time required in making the determination. For accuracy, however, it is not to be compared to the second or ether-extraction method. A special form of centrifuge tube is required, which can be procured from any dealer in laboratory apparatus, known as the "Babcock tube for human milk." This tube is equally suitable for the examination of cow's milk.

The **Babcock centrifugal method** is based on the principle of the destruction of all organic material present, aside from fat, by the action of sulphuric acid. Milk is introduced into the tube up to the 5 c.c. mark, using either a very slender pipette made for the purpose or, by moistening the inside of the neck of the

tube with a little water, when the milk can be allowed to run down one side from an ordinary nipple pipette or medicine dropper. Concentrated sulphuric acid is now introduced up to the bottom of the neck of the tube, and the tube rotated or gently shaken to mix the milk and acid. The neck of the tube is filled with a mixture of equal parts of amyl alcohol and concentrated hydrochloric acid. The tube is now placed in the centrifugal machine and rotated at a speed of 1,500 revolutions per minute, for three minutes. Upon removing the tube from the centrifuge it will be found that the column has fallen below the zero point because of contraction on cooling, and sufficient water should be added to bring the column up to the zero point. Place in the centrifuge and revolve again for fifteen or twenty seconds. The percentage of fat can now be read off on the scale on the neck of the tube. In case the milk is very rich (over five per cent. fat) it is well to dilute it with an equal amount of water before introduction into the tube and multiply the result by 2.

The Meigs-Croll or **ether-extraction method** is, when properly performed, extremely accurate and is used by us in all important determinations. For the performance of this method there are required a chemical balance, sensitive to 1/10 mg., a 100 c.c. glass-stoppered cylindrical graduate, a glass evaporating dish, and a hot-air oven. Approximately 10 c.c. of milk is weighed carefully and transferred to the 100 c.c. glass-stoppered graduate. Rinse out the weighing container with a little distilled water, and add rinsings to the 10 c.c. in the graduate. Then add distilled water up to the 30 c.c. mark, and ether (sp. gr. 0.720) up to the 50 c. c. mark. The stopper is tightly inserted and the graduate shaken vigorously for five minutes. **It is well to hold the thumb over the stopper to prevent blowing out** due to the pressure produced by volatilization of the ether. The bottle is carefully unstoppered and 20 c.c. of 95% alcohol (ethyl) added, the stopper reinserted, and the whole shaken again for five minutes. The graduate is now placed on a table and allowed to stand for a few minutes, when the contents will be found to have separated into two layers, the upper of which contains practically all of the fat in the milk. This upper layer, as far as possible, is now removed with a pipette and placed in a weighed evaporating dish. The thin layer of ether remaining in the graduate is

washed by the addition of 5 c.c. of ether, allowing the latter to run down the sides of the graduate. This is then pipetted off and added to the contents of the evaporating dish. This process should be repeated not less than four times. The pipette is now rinsed out with a little ether and the rinsings added to the contents of the dish. The evaporating dish is then set aside, protected from dust by a roof of letter paper folded twice to allow free access of air, until most of the ether has evaporated. The dish is then placed in the hot-air oven and maintained at a temperature of 90° C., until the weight is constant. After cooling, the dish with contents is weighed. The weight of the empty dish being subtracted from the last weighing gives the weight of the milk fat in the dish. As the weight of the original amount of milk used is known, the per cent. of fat is readily computed by multiplying the weight of the fat by 100 and dividing by the weight of the milk.

*(Continued Next Month.)*

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## CLINICAL URINOLOGY AND RENAL THERAPEUTICS.

CLIFFORD MITCHELL, M. D.

**Tests for Delayed Excretion of Urine.**—Much attention is now paid to the phenolsulphonephthalein test as already mentioned in the RECORDER, for January. A simpler test, however, is the following: cause the patient to stay in bed on the usual mixed diet from midday till midday. If the excretion of urine is normal, the greatest amount will be noticed about four hours after each meal. (Portal engorgement interferes with this test and no such marked maximum is noticed.) Another test is for slowness of elimination after copious drinking: The patient drinks 500 c.c. of water on an empty stomach and remains in bed collecting and measuring all urine voided in six hours. He then rises and drinks 500 c.c. of water again, keeping on his feet, and fasting for six hours more. He also collects and measures his urine as before. In the case of a normal person (1) more urine will be voided than when the 500 c.c. is not drunk under similar circumstances; and (2) more urine even than the amount of water drunk may be passed; and (3) no great difference in the amounts will be noted whether the patient is in bed or on his feet.



According to French observers a curious effect on this test is to be found in cases of portal engorgement: not only may the ingested water not increase the amount of urine but it may even provoke a decrease in the amount excreted while fasting.

**Day-urine scanty in women:** the writer has noticed that in many cases women pass less than 500 c.c. of urine during the day and 500 or more c. c. of paler urine at night, thus completely reversing the natural ratio. In such cases the tests described above may throw light upon the presence of portal engorgement, a condition more common, perhaps, in modern women than suspected. Attention should also be paid to this same urinary phenomenon in the case of suspected gall-stones in women. The writer has now a case of gall stones under observation in a woman awaiting operation in which the day urine is obstinately small in amount even under diuretic treatment.

**The limit of tolerance in diabetes:** we are advised in order to determine the limit of tolerance in diabetes mellitus to put the patient on a carbohydrate free diet for one week. This period in the writer's experience failed in one case to reduce the sugar, measurably, but after the second week sugar disappeared completely (Haines' test), the specific gravity dropping from 1035 to 1009. Allowing one and one-half ounces of bread daily to this same patient, the specific gravity rose in one week to 1019, sugar still being absent by Haines' test but showing a fraction of one per cent. by Benedict's test.

**Benedict's test for sugar:** an interesting observation on Benedict's test for sugar in the urine has been made recently by the writer in the case of a man, 34 years of age, who on the usual mixed diet shows a maximum of one-half of one per cent. of sugar by the Einhorn fermentation method. On restricted diet sugar disappears, but the specific gravity **increases** together with increased per cent. of urea, uric acid, and creatinine. After the sugar disappears, as evidenced by a negative Benedict, the more concentrated urine reacts with Fehling's test. This appears to prove the contention of Benedict that his test is not affected so much by uric acid and creatinine as is Fehling's.

**Effect of salvarsan treatment on the urine:** the writer has noticed that in several cases under salvarsan treatment the urine diminishes in amount and has a reddish tinge. Urobilin has, however, not been

found by the zinc acetate test. The urine looks like that voided by a person the next day after alcoholic excess. The amount of urine is in such cases readily increased by administration of French Vichy water and small doses of potassium citrate.

**Askenstedt's ratio in pregnancy:** according to Dr. Fritz C. Askenstedt, of Louisville, it is worth while to determine in cases of pregnancy the ratio of the acidity to the ammonia. That is to say to compare the amount in c.c. of decinormal sodium hydroxide used in the neutralization of 10 c.c. urine with that used in neutralizing the urine-formaldehyde mixture. According to Askenstedt an excess of the latter indicates toxemia, even if the urea-ammonia ratio be normal. It goes without saying, however, that in cases in which the urine is neutral or alkaline this ratio is not available. Hence the patient must not be drinking Vichy or taking alkalies (as soda bicarb.) if observation upon this ratio is to be made. Furthermore a precaution must be taken in diabetes to examine fresh urine, before the various organic acids have formed, or a false sense of security may be engendered by finding an excess of acidity over ammonia.

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## BOOK REVIEWS.

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THE ELEMENTS OF HOMŒOPATHIC THEORY, PRACTICE, MATERIA MEDICA DOSAGE AND PHARMACY. By Drs. F. A. Boericke & E. P. Anshutz. Third revised edition. 223 pages. Cloth, \$1.00, net. Postage, 5 cents. Philadelphia: Boericke & Tafel. 1914.

The first edition of *Elements* appeared in 1905, the second and larger edition in 1907, and now the third appears, a pretty good record. The book was written primarily to meet the demand of physicians who wanted a bird's eye view of Homœopathy, in its totality, at a low price, and, incidentally, for all enquirers. It starts with a little sketch of the man Hahnemann, how he made the discovery, and follows with proving of drugs, dosage, potency, vehicles used in dispensing, pharmacy, therapeutics, materia medica, besides other points of information useful to the one who wants to know. The therapeutics cover nearly all the diseases with a name attached, and are really keynotes that may be use-

ful to even the homœopathic physician as a very convenient quick reference collection. The materia medica does not go into symptomatology—it would be impossible in the limited space—but gives the conditions, culled from our best books, for which each drug named has been found useful. Also after each drug is given, what so many inquirers ask for, namely, the strength most in use; these run from the tincture, 1x, 3x, 6x, 3d, 6th and 30th, owing to the character of the drug. The drugs mentioned number about two hundred. This department will also be found very handy by any physician, especially as the book is so compact that it can be carried in the coat pocket or satchel. It also has a very full index.

If you ever want to give anyone a general outline of Homœopathy, covering the whole of it, this is, we think, by all means the best book to put into their hands. They can get enough out of it to enable them to determine whether they care to go into the matter deeper. *Elements* is one of the very best, because most practical “missionaries” for Homœopathy in the field to-day.

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“DR. BLACKWOODK is known for a voluminous writer, and this (*Diseases of the Kidneys and Nervous System*) is the sixth and final part of his system of Internal Medicine. The aim is to give a very concise but sufficient account of each disease, and of certain symptoms of disease (*e. g.*, hæmaturia) which are striking enough to stand out, and then an equally concise outline of treatment. On the whole, we think the book most likely to be of use as a guide to treatment, but there is great variation in different sections as to the space given to remedies. Sometimes the indications are clear and precise, and valuable, from calling attention to the lesser used drugs, at other times the reader is merely advised to study A, B or C, out of a list of remedies. We confess we should have preferred more details of symptomatology, but in saying this, we are really paying a tribute to Dr. Blackwood’s clearness, which is such as to make us grudge having less of it than we might.”—*Homœopathic World*.

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## EDITORIAL NOTES AND COMMENTS

SPONTANEOUS GENERATION AND MICROBES.—Dr. Bastin (*Nature*, Jan. 22) has demonstrated, to his own satisfaction at least, that there is spontaneous generation. To quote the *British Medical Journal*: "He states also that Drs. Jonathan Wright and MacNeal, of the Post-Graduate Laboratories, New York, have by following his method, obtained bacteria in 'enormous quantities,' although bacteriological examination of the original materials yielded negative results." From this it would seem that the position of those who say that the disease produces the bacteria is stronger, scientifically, than the popular idea among scientists, that the bacteria produce the disease. Maybe the dry bones will rattle.

ADDITION TO FLOWER HOSPITAL.—A \$250,000 addition, a private wing, has been added to Flower Hospital, New York. It is six stories and fitted out with every comfort and convenience. This building will be devoted exclusively to patients who can and will pay. Such hospitals are sadly needed to-day when the whole world is becoming cliff dwellers in towering apartment houses where sickness is *non grata* to the neighbors above and below. It is a safe prediction that it will be a big success and that other cities before long will go and do likewise. Our handsome and Napoleonic looking friend, Dr. Royal S. Copeland, is the Director, and is said to be largely responsible for this needed building. It is well that it is at last realized that the rich have some needs.



A NEW HOMŒOPATHIC HOSPITAL AT POTTSTOWN, PA.—We met Dr. E. B. Rossiter a few days ago who told us about the proposed hospital at Pottstown, which is his parish. Dr. W. H. Ecks, who, by the way, is not a homœopath, has deeded his fine home and grounds, the latter being 300x300 feet, with buildings capable of accommodating about 38 beds, and ample grounds in the best part of the city, to trustees for the establishing of a homœopathic hospital. This, together with a liberal bequest left by the late Dr. Hawley, of Pughtown, Pa., will enable the trustees, of whom Rossiter is the head, to soon open a fine homœopathic hospital, with ample room for extension. Some of the old school men are aiding in the work, and so are the homœopathic physician in that vicinity. The general public are also very favorable. It is hoped to have the necessary changes in the big dwelling house made by August, when the new hospital will be opened for patients. Pottstown is to be congratulated.

BIGGAR. ROCKEFELLER. HUBBARD.—This is taken from Elbert Hubbard's "Fra" for February. It is an account of Hubbard's visit to Cleveland, an incident of which was a round of golf over the Forrest Hill links. Rockefeller had just remarked of a story, "I will tell that to Doctor Biggar this afternoon."

"Just then Doctor Biggar came out of the woods on the other side, with a yell and a whoop and a waving of his hat, and we responded in kind. I had met Doctor Biggar before, but this time I was impressed with the fact that his advice had added years to the life of John D. Rockefeller."

Homœopathy will tell in the good hands.

STERILIZATION UNCONSTITUTIONAL.—The Supreme Court of New Jersey has declared the law recently passed by the legislators of that state, authorizing the sterilization of "defectives" of various sorts, to be unconstitutional. The Court in a general way seems to think it is a dangerous power that might be unduly extended. We have not seen the decision, but take the foregoing from an abstract. It seems to be sound law, which is always sound common sense. A fanatical majority going in on the wave of a craze might do some queer things, so it is well at times to put a bar up even against "the will of the people," which is as

apt to violently change on sudden impulses as is the will of, let us say, a suffragette.

THE "NEWS" EVOLVES INTO "THE PERIL."—*America's Homœopathic News*, started some months ago by Dr. W. H. Schwartz, of Perkasio, Pa., has been taken over by W. S. Ensign, Battle Creek, Mich., who will be editor and publisher, with Dr. Schwartz as associate editor. The name of the new journal will be *The Peril*. Dr. Schwartz writes: "It will be kept clean of the Ensign Remedies, however, as such move would have a selfish motive if they would be advertised, and that is not the purpose of the paper."

TO CURE THE SALVARSAN ILLS.—Dr. Milian, physician to the hospitals of Paris, at a session of the French Society of Dermatology and Syphilis, told the members that "Epinephrin" will counteract the ill effects of Salvarsan, as may be learned from the *Paris Letter in J. A. M. A.* for Jan. 24. "Epinephrin" is the trade name for a proprietary preparation, and so is Salvarsan. Looks like the A. M. A. ought to recommend the removal of the chairs on therapeutics to the big drug factories.

A LITTLE HAND BOOK.—It is a small vest-pocket affair on vaccines that reminds one of the popular manuals issued by Professor Munyon and Dr. Humphrey. It contains a list of 97 conditions, or diseases, from "abscess" to "wounds" to which are attached numbers. As an example, for rheumatism you give vaccines Nos. 5, 6, 12, 35, just as does the eminent professor with the uplifted finger, who tells humanity "There is hope!" Where is the catiff who denies that medicine is advancing with "giant strides?"

RESULTS OF RADIUM IN CANCER.—The surgical staff of the Middlesex Hospital, England, sent a letter, January 10, to the *London Times* on this much talked of cure for cancer from which the following figures are taken: During the year 1912, 319 patients were under treatment, of whom 167 died, 67 were discharged at their own request, and 85 remained at the end of the year. During the year 1913, 361 patients were under treatment.

193 died and 75 were discharged at their own request. The conclusion is that the results do not "justify the statement that in radium we have a cure for cancer." A high trituration of *Radium*, 30x or 60x, preferably the latter, will probably do all that can be expected from the remedy in cancer without "shoving the patient over," as a Washington doctor put it before the Congressional Committee.

A WORD FROM THE PAST.—In an old journal of 21 years ago we found a paper by Dr. R. E. Dudgeon, the good doctor, homœopath and scholar. Of the then state of things he says, "Rational pathology is elbowed out of the way by the ubiquitous microbe, and therapeutics meets with the same fate." But the men who do this "promise great results in the future."

"This is the stereotyped phrase of almost all authorities of the old school; while admitting the lamentable condition of their present therapeutics, they always pretend they have something up their sleeve that will do mighty things 'in the future.' They generally say 'in the near future.'" Twenty-one years have passed, the band is still playing the same old tune which the youthful enthusiast thinks is something very much "up-to-date."

EXIT SERUMS AND VACCINES.—For the benefit of those readers who want to keep up with the fashions it may be noted that in a dispatch to the *Public Ledger*, of Philadelphia, it is stated that Professor Ehrlich (who owns "Salvarsan" or "606," as Professor Munyon does "No. 66," or his Company does) announces that the possibilities of vaccine and serums have been exhausted and henceforth medicine will run to "radiotherapy and chemistry."

ROYAL COLLEGE OF SURGEONS OF CHICAGO.—The Royal College of Surgeons of England was started in life under the sanction of King Henry VIII., famous for what might be termed to-day his Reno proclivities. In England when a thing is started it apparently goes on forever. It is said that there is a sentinel in the Tower of London who has seemingly nothing to watch. Not long ago a curious person started to find out why he was stationed there. In time he found that about 300 years ago a

royal order had him placed there to prevent the escape of some one over night; the king forgot to countermand the order; so, many generations of sentinels have ben on duty there ever since. The RECORDER knows nothing of the Royal College of Surgeons of Chicago beyond what is printed in other journals, who, in a general way, say, it is founded in "high sounding phrases," but with a view to a monopoly of surgical profits. If this be so the founders should have a care, for today our Government is apt to land on anything even resembling a monopoly, like a turkey on a June bug.

QUACKS?—Dr. Benjamin H. Breakstone in a letter to *Clinical Medicine* writes, among other things, "I am in no wise defending quacks; still, there are various valuable things that these quacks have taught us, just as Homœopathy has taught us to treat the patient as a human being." That, at least, was quite an advance, and causes one to hope that in time the men who dub their teachers "quacks" may learn from the same source how to scientifically treat disease. They also ought to get, if it be possible, a larger mental horizon; ought to learn that medicine is not confined in their very narrow, authority hedged inclosure, whose ground is but strata above strata of discarded theories.

ORIGIN OF HEART DISEASE.—From a paper on this subject by a gentleman with four sets of letters after his name, the following is taken: "Diseases of the heart, in the main, are due to disturbances of the circulation of the blood, or to toxins carried in the blood, and as the circulation originates within the heart, diseases of this organ may be said to be due largely to its own activities, or the performance of its function." Sort of a damned if you do and dead if you do not dilemma.

THE OLD, OLD STORY.—A correspondent of the *Lancet* (Jan. 31) says of vaccines in pneumonia: "Doses of 5 to 10 millions are quite useless." He gives from 25 to 50 millions at a dose, preferably the latter. He quotes Sir Almroth Wright to the effect that "500 million might be tentatively employed at the outset of a pneumonia attack." And later even speaks of 1,000 millions. It is the old, old story. A certain treatment is scientifically demon-



strated to be curative but fails, and then the dose is desperately increased until the treatment is finally thrown on the vast allopathic scrap-heap.

VACCINE THERAPY.—In a leading editorial on this subject the *Lancet* says, "Practical medicine is in a hurry for new and more effective remedies, and the maxim to prove all things is forgotten in the desire to advance." The hurry may be from a desire to advance, spurred on by a foreboding that the means in vogue are not what they should be. The editorial was brought out by Sir Almroth E. Wright's latest, vaccinating against pneumonia, and the editor concludes with the hope that some one will "emphasize the fact that vaccines being potent agents capable of doing harm when injudiciously employed, should be given only with a sense of responsibility," etc. In the meantime the homœopath will do well to stick to his time-tried and genuinely scientific remedies.

SYPHILIS.—One of our most respectable contemporaries opens its last issue with a consideration of syphilis in the 20th century. When the microbic origin of disease was established syphilographers were up a stump, so to speak, until Schaudin discovered the *spirocheta pallida*. Shortly after this epoch-making discovery Metchnikoff and Roux succeeded in inoculating the disease in the lower animals, which, by the way, does not seem to be very wonderful considering its nature. "The next notable advance was Wassermann's compliment fixation test, then came the crowning achievement of all, Salvarsan." Then Noguchi followed with a cultivation of the *spirocheta*, and demonstrated them in the brain of those dead from paresis, and also in the spinal cord. This summary is interesting, but whether the syphilographers of the year 1914 are doing any better work, from the patient's point of view, than did those of other decades is a proposition that might be debatable. It costs more to be treated to-day than it did in boyhood's sunny hours, very much more, so this may make for morality.

SALVARSAN.—Dewey, in his *Medical Century*, digs up the assertion made by Dr. E. C. Burrows, that in the past three years

there have been 400 deaths reported from "Salvarsan." As no one is fond of reporting a death due to his treatment it is safe to assume that there have been some fatalities that were not reported.

Simple folk, of more primitive times, like Hahnemann, thought that the object of medicine was to cure.

FISH FROM THE DEPTHS.—Mandalay, of "On the Road to Mandalay" fame, is the capitol of Upper Burma, now under English rule. The water supply was bad, so, according to the India Letter to the *Lancet*, the city authorities had had five artesian wells bored, which, at a depth of from 150 to 160 feet, struck an abundance of good water. The curious feature is that the last well, at a 150 feet, sent up water containing numerous small fish, very much alive and not blind. The Indian Museum classifies them as *barbus punctatus*.

THE FEAR OF SMALL-POX.—Is not the fear of small-pox exaggerated? Take the last book, issued by the U. S. Census Bureau, *Mortality Statistics*, and you will find that, during the period covered by 1906-10, the average mortality from small-pox per 100,000 population, was 108. During the same period, that from measles was 5.092; from scarlet fever, 5.030, and that from whooping cough, 5,440 per 100,000 population.

During the year 1911 there were 130 deaths from pox; average per 100,000 was 0.2. Measles gave 5,922 deaths, average 10.0. Scarlet fever gave 5,243 deaths, average 8.8. Whooping cough, 6,682 deaths, average 11.3. Cancer had 44,024 deaths, an average of 74.3, and tuberculosis, 81,796, an average of 138.0.

TURKEY'S MEDICAL EXAMINING BOARDS.—The following is clipped from U. S. Consular and Trade Reports, the writer being Consul General at Constantinople, the subject being "The Practice of Medicine in Turkey:"

"Although there is no written rule to that effect, the examining board makes a distinction between homœopathy and allopathy, and as homœopathical practice is practically unknown in Turkey the board requires that the applicant be an allopath. If the applicant satisfies the board that he is an allopath and if he

fulfills all the other requirements and possesses the proper State and medical school certificates, his examination (the colloquium, as it is called) is very simple and sometimes lasts but a few minutes." It is interesting to note that the Government uses the term "allopathy" and "allopath." It is to be noted, however, that a doctor is not altogether rejected because he is not an allopath, but they put him through most severe tests extending sometimes to three weeks instead of the few minutes' colloquy of the allopath.

THE WEAK POINT IN THE OWEN BILL.—A good many strong, well written articles have appeared in various publications advocating or defending the principles embodied in the Owen bill, but they all have the fatal flaw of assuming as indisputable the premises on which the bill is based. There is not a sane man who, if convinced of the unsoundness of the premise, would not say that it would be a grave error to embody this bill in the civil law. The unsound premise is that all medical science, knowledge and sanity is with what is popularly known as allopathy, though its advocates repudiate that word and substitute "scientific medicine" for it, yet they but change terms but not essentials. The spirit of the Owen bill has prevailed for centuries. Sir Almroth Wright, whom they now all follow, not long ago declared that the medicine of the past was but "quackery." Now as the medicine of the past has at one time or another covered a vast field of theory including, if we mistake not, Sir Almroth's present day revival of Isopathy, why may not it also be included in his sweeping condemnation? Does any man want "quackery" solidified into inflexible civil law? Then, too, there is a subtle sophistry in the arguments used by the advocates of the bill; they point to the work of the sanitarians and say, in effect, "behold, what we could do if given more power," and yet sanitation and allopathy are very different things. No one objects to sanitation, but many do to what was in the earlier days vulgarly termed the "nigger in the wood-pile," i. e., the quiet introduction of allopathy in the sanitary "platform" or picturesquely "wood-pile."

THINGS BAD IN OKLAHOMA.—For the benefit of any one thinking of moving we print the following from Davis' *Magazine of Medicine*, Enid, Okla.

"Oklahoma doctors are having a hard time this year. Three crop failures and an overproduction of boom town lots has put the State to the bad. One of the leading physicians of the State writes as follows: 'I tell you we have had a hard time out here this year. Three crop failures and a tumble in prices puts a doctor up a tree as to finances.' In conversation with a drug salesman the other day, he stated that in one of our large cities where they formerly had 45 physicians dispensing their goods—and the leading physicians of the town—not one was now carrying supplies, as business and collections are so poor that they cannot afford to dispense. This condition exists generally over the State. High taxes and the failure of the State administration to make good has put Oklahoma back so that it will take many years to regain its former position."

Let us hope that this gloomy picture is, as it were, too highly accented with "the glooms."

THE A. M. A. AND READY-MADE MEDICINE.—The *Journal* lately has been devoting much space to a drug concern which has prepared a line of remedies "to cure every known disease," though probably it would not go so far as to say every case. The *Journal*, no doubt, is quite right in condemning these medicines, which, like all others, whether "regular" or "irregular," can only cure when homœopathically indicated. A page or two further on in an issue in which these all-claiming medicines are "roasted" good and proper may be found, among "Queries," one from a subscriber asking where he can get a certain "serum for exophthalmic goitre." The *Journal* gives him the address of the laboratory, and states that the inventor claims that it "may be considered as a substitute for operation;" also that "more than two thousand patients have been treated" with his medicine, or serum, and that "50 per cent. can be restored to normal health without resorting to an operation." Now no one can disprove this any more than he can disprove what the Drug Co. says of its medicines, yet doubt hovers over both.



## PERSONAL.

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"Indifference to scientific evidence is an intolerable attitude."—*Jama*.  
So homœopaths think!

The husband's sigh is different from the lover's.

When you hire a way-up lawyer talk is not cheap.

Claude likes the girls to smile, but when they laugh he says he becomes uneasy.

The head that wears a crown is said to be uneasy. Better a soft hat.

"Pause, father! Is that whip sterilized?"—*Life*.

This hard-time country, according to Census Anannias, spent \$275,000,000 in "movies" last year.

Claude says that the chronic kickers should be attended by veterinarians.

We all ("nearly all" might be truer) want *Aurum met.* in crude, untriturerated doses Allopathic doses, frequently repeated.

With the opening of the base ball season the race problem interests every one.

The *British Med. Journal*, editorially, treats of "The Therapeutic Uses of The Ass."

"He who steals my purse steals a chronic vacuum, which I abhor," remarked Claude.

In the "uplift of humanity" the suffragettes recently burned a 600 year old church in Scotland.

Claude remarks that "whistling is pathognomonic evidence of a vacuity in the cerebrum."

"Business is rushing," remarked the man whose business is stationary.

Instead of comprehending the old, even homœopaths, like the Athenians, are ever looking for something new.

To spray the diphtheritic throat with "cultures of staphylococcus, or pus germs," has been "tried."

"Trachomatous virus" for trachoma has also been "tried."

Soon there will be nothing left to try but common sense.

Tell it not! "We must always be amiable if we wish to grow fat."—*Ex*.

"We have allowed the incompetent to marry."—*Ex*.

If Mr. Multitudinous Reformer had control it is doubtful if life would be worth living.

The "tuberculosis war" cost the country \$20,000,000, last year. Results, nil.

Remember that "cacogene" is the opposite of "eugenic" and trot the word out.

# THE HOMŒOPATHIC RECORDER

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## HOMŒOPATHY UNDER FIRE AGAIN.

The Rev. E. E. Iungerich, on one side, and the Rev. G. C. Ottley, with Dr. T. Miller Neatby, on the other, started the old fight in the pages of the *New Church Quarterly*, an English periodical, and it has spread to the two English journals, the *Homœopathic World*, and the *British Homœopathic Journal*. The Rev. Mr. Iungerich contends, in effect, that Homœopathy is a delusion, even when it actually uses drugs and that the potencies above the 60x (in which he admits there is possibly some trace of the drug) contain nothing but the solvent. However, the RECORDER doesn't intend to go into this old fight, though it may be remarked here that the "test" proposed by Mr. Iungerich, that of picking out the potency in 10 vials of the 60x, is nothing new, as it was fought out nearly 40 years ago, which scrap has gone down in history as "the Milwaukee Test."

As Mr. Iungerich is a minister it might be pointed out to him that something akin, though, perhaps, remotely, is alluded to in the Gospel of St. Luke. A certain rich man asked that some one be sent to his five brethren who were still in the world to warn them of the fate that awaited them unless they changed their mode of life.

But the reply was made that if they believe not Moses and the Prophets they would not believe though one rose from the dead.

This matter of belief is a curious thing; one man will think another man is a fool for believing such and such a thing, and the other will think the same of the skeptic for not believing it. It has been said that to convince a woman against her will leaves her of the same opinion still. The same is true of man even though he be an eminent scientist, as witness the ceaseless rows

going on among them. An apparent exception to this is the orthodox allopaths; but that is no proof to the contrary, for they must bow to authority or be—excommunicated.

All this is a rather long preamble to what we started out to say. Mr. Iungerich writes :

"Is there anything, I may ask, in Hahnemann's experiment with *Cinchona* bark, that is different from the ordinary experience that a drug will, because it is an intruder in the body, cause a violent excitation of the system to expel it: and that, subsequently, if more drug is introduced, the acute symptoms will disappear simply because the reaction forces of the body have been overpowered and benumbed. One who took the disappearance of the first set of symptoms on administration of the second dose to denote that a cure had been performed, would over-look the fact that the patient had come into a state of collapse which is much more serious, and from which only a slow convalescence could restore him."

After reading this quotation one who knows what Hahnemann wrote can easily see that it is not argument or reasoning that should be applied to Mr. Iungerich, but instruction or, rather, statements of fact. With this end in view we quote a little from what Hahnemann wrote on the subject of *Cinchona*. Let it be premised that *Cinchona*, or Peruvian bark, was the one drug that would cure the malarial fever prevailing at that time. Hahnemann wrote :

"I took, by way of experiment, twice a day, four drachms of good *China*," i. e., *Cinchona*. "My feet, finger ends, etc., at first became cold: I grew languid and drowsy; then my heart began to palpitate, and my pulse grew hard and small; intolerable anxiety, trembling (but without cold rigor), prostration throughout all my limbs; then pulsation in my head, redness of cheeks, thirst, and, in short, all these symptoms, which are ordinarily characteristic of intermittent fever, made their appearance, one after another, yet without the peculiar chilly, shivering rigor. \* \* \* This paroxysm lasted two or three hours each time, and recurred if I repeated the dose, not otherwise. I discontinued and was in good health."

If this be compared with what Mr. Iungerich states, quoted

above, it will be seen why it was said that he needs instruction as to facts, for the facts quoted from Hahnemann remove the foundation from under the airy structure of his argument and it falls as gently as spilt feathers.

The fact that *Cinchona* produced similar symptoms to those it would cure, taken with the statement of Hippocrates that "By similar things disease is produced, and by similar things administered to the sick, they are healed of their diseases," led Hahnemann towards the greatest discovery of modern science, so great, indeed, that the scientific world has not yet grown up to it.

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## **HOMŒOPATHY IN EUGENICS AND PREVENTIVE MEDICINE.**

**By D. B. Morrow, Dallas, Texas.**

The recent fad of eugenics has more potency for the uplift of the human animal than appeared at the first consideration of the subject. Genesis is a law of nature, active from the amæba on up to man. Man being an animal is subject to the natural law of genesis. If any law is sacred it is the genesis of the soul to inherit immortality and eternity. No law is probably so little comprehended and so much neglected and violated. No natural law can be violated with impunity. It is probable the slow moral and physical development of the human family is because of this persistent disregard of the most essential law of his being. The first authentic record of the application of eugenics is in Genesis; where Jacob piled rods, making white stripes, and put them in the troughs and gutters where Laban's cattle drank, so that they might conceive in the presence of the piled stripes: to make the product of such conceptions ring straked and striped. He had first made an agreement with Laban, that all of the ring straked and striped should belong to him, in payment for the two wives he had served fourteen years for. He further saw that only the strong and well developed animals were allowed to conceive in the presence of the so piled rods, that he should have strong and big animals. Laban's part of the stock was propagated elsewhere than in the presence of the rods, so they would not be ring straked and striped. It thus appears Jacob was the



first improved stock-breeder. That he influenced the *minds* of the animals by means of the pillèd rods, at just the right time—the *moment of conception*. The result was all that could be desired. He prospered mightily. It does not appear that he applied the law to any of his progeny with any of his many wives. He was the first to apply the law of eugenics. We are further instructed by an astute observer of eugenics, in Ecclesiastics—The sins of the parents are visited on their children and on their children's children, to the third and fourth generation. That is the result of the violated eugenic law. The lesson sought to be taught was, to quit sinning. That is the lesson sought to be taught at present by the eugenic workers. Then the light shined into the darkness and the darkness comprehended it not, for many generations.

A German physician, Dr. Samuel Hahnemann, recognized that an insane person was an unfortunate product of wronged eugenics. He discarded the prison strait-jacket and various forms of tortures, resorted to in the treatment of the insane. He treated them as sick persons, and applied the natural law of therapeutics, as taught and practiced by himself, with a success never before realized in the treatment of such maladies. Henry Maudsley, M. D., a member of the royal society, pointed out that many persons are born moral idiots—irresponsibles, and should be so regarded and treated by the state. The eccentric Italian criminologist, Lombroso, described the thick skulls and misshaped craniums, and tried to teach something from various measurements of these products of wronged eugenic law. Then the song writer took a fling at it in the anthem, "We Are His People." As a mitigating circumstance, or salve to his conscience. "For it is He who hath made us, and not we ourselves,"—and sang it to the congregation, not reflecting that God made the law and by its transgression we make ourselves. All these only considered the product of wronged genesis and their burthen on society and the state. It probably never occurred to them that the human animal could be improved like any other animal and the monstrosities be lessened and finally eliminated by the application of the natural law. The phrenologists—Fowler and Wells—in their publications, devoted to science, literature and

general intelligence, in the seventies, indicated a possible improvement of the animal by properly temperamental mating.

That certain differences in the temperament of mating couples would produce a child superior to either parent. That temperaments too similar would probably be sterile to each other, although potent, and instanced the Washingtons, and Napoleon and his wives. Phrenologists and physiognomists are good character readers and should be competent judges of good combinations of mates. The present idea, as in Wisconsin, is to require clean bills of health of the mating couples. That is too small a requirement. Criminals may have good health. Want to suggest that boards, to enforce eugenics, would greatly profit by a knowledge of physiognomy and phrenology. The tendency is to set our legislative mills to work, and grind out more laws, and invite more failures. Men and women cannot be legislated to be good. Dr. Alfred Wallace in his recent book, *Physical Health*, says: That the morals of civilized society are worse than ever before. That the wild tribes are better. That civilization and the various religions have not improved the race. He discourages eugenics, alleging an increased immorality. In this view he is sadly mistaken. The law mills, police courts, prisons and punishments, with the threat of hell, fire and brimstone, have been thoroughly tried—and foiled. Why? Because, as practiced, we are all the product of accidental domestic lust. In the fewest cases a child is desired. In many the mother has a thought of murder in mind. If conception occurs the race suicide specialist is visited.

It has been my fortune to be acquainted with four pairs of twins. A pair of boys—as similar as two white beans. A pair of girls as like as like could be. The parents marked them to tell which was J. and which was B. They exchanged beaux, and fooled the music teacher. A pair of beautiful girls, as different from each other as any two children born at different gestations. One was placid and sweet; the other cross and cranky, always “getting even” with somebody. A pair of boys—diverse in body and mind as any other two boys. The one industrious, honest and moral. The other always in trouble. It took all the little brother could earn to get his big brother out of trouble. Two

swallows do not make a summer; but two straws show the direction of the wind as well as a whole field of wheat. The explanation of these cases is obvious. In the first two pairs of twins the conception was at one coitus. The minds were given to them at the same moment. The combined impress of their parents, hence the great similarity of mind and body. The other two pairs of twins were obviously gotten at different times—the product of two different coites. Each mind materialized its body in accordance with the impress given at the moment of conception, in exactly the same environment. These few observations show the proper application of eugenics—which means, the right to be well born—I add the right to be well made. When properly made, they do not need to be reformed, nor born again, nor taken care of. They will be able to take care of themselves. Napoleon is a fine instance:—His mother was camping and campaigning with her husband, a captain in the army, at the time of conception. Produced a natural soldier and politician. In a recent print, “The making of an astronomer,” the recently mated couple desired to produce an astronomer. They studied it, read it and talked it before and after conception. The result was a natural mathematician, and the greatest astronomer of his time. The well known English-Jute family, all bad for generations, shows the influence of the mind in eugenics. An equally well known American family, the Beechers, show a more desired and pleasing result. Eugenics don’t mean that we shall unsex the unfit, as several states are attempting. That is an unwarranted invasion of personal rights. When we reflect—there are 250,000 insane in the U. S., and increasing at frightful speed. That our jails and asylums are full to overflowing.

That one-third of the babies born die before they are one year old, and one-half of them before they are five years old. That the boards of health pollute the blood of the remaining half, already loaded up with all the deviltries since Adam and Eve were kicked out of the garden, by injecting into their blood pus from sick animals to keep them from giving diseases they never had to their neighbors. The need of eugenics is greatly multiplied. It means a higher morality than has yet been taught. That men



and women shall quit making the abuse of their sexual functions, which is the highest of their nature, their principal pleasure in life. That every one seeking an heir shall produce it in accordance with the natural law. Eugenics being a family affair—like charity—begins at home and should remain there. Society, like pure water, will never rise above its source. Its source is the family. We are a nation of families. Its progress, welfare and continued greatness depends upon the integrity of the family. The *homœopathic* doctor, singly and collectively, is the friend of the family, of the sick. When conception has taken place in the usual haphazard fashion, *homœopathy* comes to the relief of the overworked, sick, unwilling mother. I will relate a few instances from my case book: I was called hastily to a little two-year-old girl, who was in a fearful spasm—the first one, was apparently dying. I did not cure her. Her parents said that she was never well a minute in her life. A paternal aunt had preceded her in the same way. She died at fourteen—an imbecile. I said to the mother, "You should not have such a baby. Let me treat you in your next pregnancy." She did. Constipation was her only complaint—a few doses of *Sepia* cured her. A little sister was born, that was never sick a minute in her life. I was called one evening to see a little girl baby a few weeks old. I thought she might die before morning and so said to the mother. I prolonged her life to about fourteen years. She was feeble minded; a disgust to her mother. Her father had a goitre. Her mother's family was tuberculous and cancerous—altogether negative. This was the first-born. I cured the father of the goitre and gave the mother prenatal treatment. I attended in her next two pregnancies. Two bright boys were born in succession, who were never sick. They both stood well in their classes at school. The only time I ever visited them was when they had measles; *Lycopodium* was her remedy.

A lemon colored Baptist preacher called me. His children were spindle shanked, with big bellies. The mother said they were always sick. The baby had fallen off of a lounge and an ulcer resulted, penetrating its trachea. A little girl soon afterward died of meningitis. The mother was always sick during pregnancy, spending the last few months in bed. She ran a hand



laundry to help her husband make a living in his sacred calling. She always had a prolonged and painful labor. She was soon pregnant, had various bowel troubles and colics—*Cocculus* proved to be her remedy. She continued to wash clothes until labor pains stopped her. I said, "You are in labor." She said, "You might as well go home. I won't need you before this time to-morrow." In three hours a boy baby came forth. He was never sick a minute, walked when he was nine months old and talked before he was a year old.

A father, a low class Englishman, a painter by trade—drank beer like a fish drinks water. The wife was a German, brought up and educated in an orphan asylum and was never sick. They had two little girls, who gave me a great deal of trouble. They were never well, and would not stay well when cured. Some other doctor had attended a boy that died. Their only boy had a quick succession of measles, whooping cough and scarlet fever and he died. The father wanted to assault me because the child died. He had chronic lumbago. *Tartar emetic* cured him. Afterward two little girls were added to the family, who were never sick a day in their lives.

I was called to see a two-year-old baby that some doctors had consultation about and abandoned the case. My prognosis was unfavorable. The mother said, "Won't you try, doctor?" I said that I was willing if she would be satisfied with the results. It was an aggravated case of marasmus. The mother had been sick during gestation. The father's normal pulse was 120, he could not get his life insured. They were temperamentally alike—very nice people. The child plumped up—a beautiful child—for a year, apparently well, excepting symptoms of hydrocephalus—she couldn't stand on her feet firmly, stepped on her heel. She had two falls in near succession, which produced an inflammation of the brain I did not control. I made the same appeal to the mother. *Calc. carb.* was her remedy. A fine boy resulted, so well and bright that they made an exhibit of him, which made him sleepless. A dose of *Ignatia* and less jollity corrected that.

A scabby baby gave me much trouble and finally died. I remarked about it to another doctor, who said that he had treated the father for syphilis. I gave the mother prenatal treatment and a child

was born apparently as well as any baby in that town. I have restored thirty such families—children all sickly before my arrival. All born afterwards, never sick. That is the only really preventive medicine I have experienced.

The greatest difficulty for workers in eugenics will be to teach the people its importance; and the observance of the few simple rules indicated in this paper. If all of the doctors would stop their mad hunt for bugs and germs with imaginary curative and preventive power, quit polluting the blood of the growing generations, with their scrums, apply the only natural law of therapeutics—so strangely neglected by the laity and so strangely rejected by the profession, eugenics would be easy, and the block rejected by the builder would become the keystone of the arch. This is only a drop in the oceans. It takes line upon line, precept upon precept, example upon example, to overcome the ignorance and superstition inherited from past ages. To let the light penetrate the darkness and the darkness comprehend it. Because of prevalent ignorance, the rich philanthropist puts his money in wrong hands, who establish institutes of research. Proceed from wrong premises and always arrive at wrong conclusions.

Mille J. Chapman, M. D., Pittsburgh, Pa., read a very able paper before a Homœopathic Medical Congress in Chicago, 1893, published in the *Homœopathic Journal of Obstetrics*, Sept., 1893, page 406. She stated, in years of prenatal treatment, she was convinced that many sickly mothers could be made to produce healthy children, and that "*blight of inheritance*" can be eradicated. In the discussion of the paper—published in Jan., 1894, page 82, Dr. Hawks, of England, instanced five families in which he had treated incurable babies, and in each case he had treated the mothers prenataly afterward. In each family babies were born that were never sick. Dr. G. W. Bowen, of Indiana, said: He had voluntarily treated mothers in order to demonstrate what could be done. That in lending a hand in creating and making new beings perfect, he almost equaled a superior and creative power. Whatsoever a man or woman soweth—that, shall he or she reap.

So far as I have scanned medical literature I do not remember any other school of medicine applying their little knowledge of

therapeutics to the prevention of diseases by the application of natural law to correct a wronged eugenics law. The allopathic method of vaccines and serums is most unnatural and vicious—worse, as many of their methods are, than the diseases they seek to prevent and cure. I have never seen any comment on, or extract from Dr. Chapman's paper. It has never been given the publicity of Postum or Ivory Soap—while it should be taught in all health societies and colleges—to social workers and eugenic societies. This is the quickest and almost the only hope of regenerating and uplifting the coming generations.

At a meeting of the American Breeders' Association to discuss the problem of eugenics, Mrs. John Hayes Hammond said that the greatest need of to-day is education as how to increase the biological capital with which a baby enters on life's battle. Mrs. J. H. H. and her committee should scan this paper. In a recent number of the *Literary Digest* is a great cackle over a premium baby, that evidently had good parentage, in which a certain doctor and nurse got a lot of free advertising. They ascribe their success to fresh air and sweet milk. Henry N. Guernsey, M. D., in his *Diseases of Children*, 1873, taught the use of sweet milk for babies, and, at least, one homœopathic practitioner followed it. The ordinary perversity of the dominant school of the profession made them neglect the instruction, and force a multitude of the proprietary substitutes and denatured milks down their poor little throats; adding much to their discomfort. Only very recently have they discovered that milk is good for babies. What is desired is for *every* baby to be a prize baby. There is an effort with some superficial observers to substitute euthenics for eugenics. The office of eugenics is to polish up and finish the natural product.

P. S.—This paper was read before the Homœopathic Society of Texas, Nov. 27, 1913, Dallas, Texas.

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## THE FIFTH LATIN AMERICAN MEDICAL CONGRESS. (6th PAN AMERICAN.)

### A Homœopath Takes Part.

To the Editor of the HOMŒOPATHIC RECORDER:

"Sometimes fighting alone like Dr. Deacon in far off Peru, steadily, the truth of Homœopathy is spreading over the world."—*Jottings*, March, 1912.

In Lima, the Metropolis of Peru; in this beautiful and romantic city; the most important of Colonial Spain; the tomb of Pizarro; the birthplace of Santa Rosa; the last stronghold of the Inquisition, and in whom Capitol Hall, for the first time in the history of Homœopathy, enthusiastic applauses resounded in honor of one of Hahnemann's most humble followers; in this capital, proud of its numerous men in professional ranks, for it possesses the first University of learning founded in the New World; and boastful of its medical faculty, for it is held the most prominent in Spanish America on account of the number and quality of its graduates; here, recently, has taken place the meeting of the FIFTH LATIN AMERICAN MEDICAL CONGRESS (*6th Pan American*), amidst great pomp and ceremony.

The formal opening session took place at 4 P. M. of Sunday, the 9th, of last November, in the Municipal Theatre. The President of the Republic, the Ministers of State, the Diplomatic and Consular Corps being in attendance, and in presence of a large public—the women, renowned as the most elegant and the most beautiful of Castillian race.

Throughout the following week the departmental sessions of the Congress were held daily at the various hospitals and scientific institutions of Lima, with numerous social affairs given in honor of the delegates intervening; the customary banquets, pleasure trips, concerts and theatrical performances, making lighter the arduous work that *Science* and all with it concerned, though much of it be akin to nonsense, demands of its expounders. The U. S. Government sent, as one of its delegates, Dr. Masson, of Panama Canal fame, and fourteen other American Republics also were represented by their most eminent men in allopathic wisdom and in the vast realms of learning.

All this may not be of more interest to your readers than that of simple news item. But there is in connection with this distinguished assembly of men most celebrated in *official* medicine in America, something that reflects much honor on Homœopathy and may serve as a lesson to the intolerance, which seems to be gaining the upper hand in medical matters and to the detriment of our school, away in your Northern Country; and it may be of encouragement to the men in your ranks, who, from what I read



in American homœopathic literature, sooner or later, must awaken to the danger that menaces them and to the necessity of dealing with the matter, in the old fashion style—of Hahnemann himself, of Pulte, Hering and many others.

Truth and justice will ever triumph if defended with perseverance and warmth, no matter how powerful the adversary be in politics, money or social influence. Single handed and alone, during many years, I found myself daring the absolute and scornful power of arrogant allopathy in Peru. My opponents, mighty in social and political influence, made the struggle of one man against a hundred, very difficult to keep it up and much more to have prevailed. But I feel inclined, at present, to forget their fierce cries of wrath and their disappointed endeavors to make me perish, for they would, to-day, honorably meet me on equal terms.

What I relate may not be entirely ignored by all of my colleagues in the States, for some time ago, when Dr. Geo. B. Peck, of Providence, R. I., was chairman of the International Bureau of Homœopathy of the American Institute, he wrote to me, asking for information about homœopathic affairs in this country. I answered him, giving details, and he wrote back (Feb. 14, 1908): "Your letter and accompanying documents ('in the Senate of Peru') was as thrilling as *any* novel. It has given me material of the sort I have long been hankering after. Just how much I shall incorporate in my report, and just how, I have not yet decided—but I shall do my best to make the allopaths howl."

A few such men as Dr. Peck, the laity instructed, through the *daily* press, as to what Homœopathy is doing, as to what it has already accomplished, as to what it is capable of doing . . . and the insane attempts of gentlemen of the *American Medical Association*, though backed by the millions of Rockefeller and Carnegie, who, in their ignorance and pretended philanthropy, would unwittingly aid the *microbe* men in their abominable work to strike Homœopathy a death-blow in the back, never could prevail against it, that most blessed heritage of suffering humanity.

Requested by the Secretary of the Executive Committee of the Fifth International Latin American Congress (6th Pan American) to take part in its debates, and named member of this

illustrious body, I esteemed it an honor to accept the gallant invitation, a deference, somewhat of a compensation, from adversaries that once had been so intolerant. I contributed with a paper that met with kindly sympathy, not, of course, on the right or wrong of our doctrines, for Homœopathy was not scheduled in the programme of the Congress, but on a subject of relative interest to medicine in general. It will be published.

Sunday, November 16th, marked the closing session of the Congress, and Havana was chosen as the next meeting place. The Exposition of Hygiene was also opened on this day. In the evening the farewell banquet was tendered the delegations by President Billingshurst at the Government Palace.

DR. GEO. H. DEACON.

Lima, December 25th, 1913.

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## VOX POPULI AND PRO BONO PUBLICO.

Editor of the HOMŒOPATHIC RECORDER :

The ancient and anonymous friend of periodical literature, "Pro Bono Publico," in the February issue of the HOMŒOPATHIC RECORDER, gives extracts from the report of the Council on Medical Education relating to research work being done in our colleges and sums up in two sentences, thus :

"From the above it would appear that very little research work in Homœopathy is being accomplished by our Colleges."

"The reason is obvious: The colleges are submitting to the dictates of the American Medical Association and there is neither time nor money for Homœopathy."

We agree thoroughly with the first sentence, there is really no research work being accomplished by our Colleges.

We agree thoroughly, too, with the second sentence. The Council on Medical Education, ever since it came into existence five years ago, has insisted that our Colleges ignore the requests of the American Medical Association for "reports," lists of graduates, etc., and that each college dean inform the A. M. A. that it owes no allegiance to that body and that if it desires information as to our schools it can apply to our own Council on Medical Education therefor. Yet some of these colleges fall over themselves in their indecent haste to get a report into the American

Medical Association and oftentimes ignore the requests of the Council of their own school of medicine. Then the American Medical Association publishes in its "educational" number a "report" of the homœopathic colleges. The last "report" published by this Association did not have the data concerning a single one of our colleges correct. Every one was belittled and distorted.

If Pro Bono Publico will tell us how these things can be changed or how it is possible to change them when colleges of the homœopathic school permit on their faculties members of the A. M. A. and other allopathic organizations and when these, and some that are not members, publish their so-called research work in allopathic periodicals, ignoring those of our own school, we will be very thankful to receive this information. We hope some day to show up this condition of affairs in such a way as to demand its correction.

We thank Pro Bono Publico for calling attention to this matter.

VOX POPULI.

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### ON MISFIT COATS.

Editor of the HOMŒOPATHIC RECORDER:

This is not an essay on pure English for, indeed, the writer is a sinner in that respect, as are all of mankind, more or less; so long as a combination of words conveys the writer's or speaker's meaning this one is satisfied. Chaucer is looked up to as the father of the English language (though, probably, Lord Bacon better deserves the credit), but if any one were to attempt to convey his ideas in Chaucer's English to-day he would be hooted out of every editorial office. Yet his was the best vehicle for carrying his ideas in his day, though it would not do in our day, which obvious fact leads up to the conclusion that it is the thought and not the vehicle that (with apologies on the writer's part) "brings home the bacon." To be sure Shakespeare wrote that "the coat oft makes the man," but, perhaps, if he were called on to-day to expound his text he would say that it oft puts up a bluff, for, indeed, the man in the coat is the thing to be considered, the coat being but sartorial art, an expression of a skill whose aid we all seek (when we have the price), but which does not in the least change the man who wears its products.

Having arrived this far I am inclined, on reflection, to think that possibly I may have balled things up in the mind of the (possible) reader, though the matter is reasonably clear enough in my own mind, which fact seems to demonstrate that ideas and language are two very different things. For example: In a very good homœopathic missionary book, published some years ago, the writer tells the reader that: "Small the sect may be, but it is persistent in,"—etc., etc. The "sect" is Homœopathy.

The writer's idea was right, but in this case, it seems to me, that he put the wrong coat on it, for the coat—the word "sect"—puts Homœopathy in the same class as "Christian Science," "Osteopathy," "Faith Healers," "Scientific Medicine," "Suggestion," "Allopathy" and several other more or less useful subordinates of medicine. No one would think of calling a man devoted to any of the great sciences a member of such and such a "sect?" Then why should one who devotes his time and abilities to one of the greatest of the sciences—the science that can keep the scientist in a physically sound body, so far as that is humanly possible—be classed as "sectarian?" Homœopathy is no more a name for a sect than is astronomy. It is either one of the deepest of the sciences or else it is "a delusion," as our allopathic brethren assert. You can take your choice—as you will in any case. The moral, if there be one, is, Get your fundamentals right. Realize that Homœopathy is a LAW, not a theory. Get this fixed in your mind and you will not go hopelessly astray in the misuse of words, as this misty letter (I acknowledge it!) proves.

VERITAS.

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## IT IS ADDRESSED TO ALL OF YOU.

Editor of the HOMŒOPATHIC RECORDER:

The Indiana Institute of Homœopathy will meet in Indianapolis on the 13th and 14th of May. We expect to have Dr. Wilcox, of Boston, with us at the evening banquet. Dr. Wilcox is devoting a portion of his time to homœopathic propaganda work and to expounding the needs of Homœopathy to Homœopaths.

Has it occurred to you, as a homœopath, that propaganda work has come to be almost necessary to the preservation of Homœ-



opathy as a distinct school of medical practice? It is not worth while for Homœopaths to seek recognition from the political doctors in power. These desire to invest themselves with medical authority and to eliminate all else.

Not until Homœopathy is understood by the laity, its genuine goodness proved, and its blessings prized, can Homœopaths count themselves secure against the machinations of the designing medical oligarchy.

Homœopathy has its mission to humanity and Homœopaths should feel its mission to be their message. Homœopathy is MORE than a commercial asset. It provides a solution for some of the most vexing problems of life on a basis of the facts of life, and the public should know it. Don't get under a bushel with your light. Come to your institute meeting and let it shine.

Yours fraternally,

C. A. BALDWIN.

Peru, Indiana, Mar. 22, 1914.

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### **THE I. H. A. MEETING, ATLANTIC CITY, JUNE.**

The next meeting of the International Hahnemannian Association will be held at The Holmhurst, Atlantic City, New Jersey, on June 25, 26, 27.

Atlantic City was selected on the result of a post card vote of the members as being the preference of the largest number.

The American Medical Association is to meet at the same place for the whole week, beginning June 22d.

The sessions of the American Institute of Homœopathy will be held in the same city during the following week, beginning June 29th.

It is a most unusual coincidence that all of these national societies should have chosen Atlantic City for their meeting place for this year and it will give an opportunity for much interchange of thought if the members are able to arrange to attend some of the sessions of the different bodies.

It should also act as a spur to especial achievement on the part of the members of the I. H. A. who will be quite likely to

have more than the usual number of visitors and will want to make as good a showing as possible.

The President, Dr. Franklin Powel, of Chester, Pennsylvania, has appointed the following members as Chairmen of Bureaus:

Dr. G. B. Stearns, New York City, Philosophy.

Dr. R. E. S. Hayes, Waterbury, Connecticut, *Materia Medica*.

Dr. T. G. Sloan, South Manchester, Connecticut, Clinical Medicine.

Dr. J. W. Krichbaum, Upper Montclair, New Jersey, Surgery.

Dr. V. A. Hoard, Rochester, New York, Obstetrics.

Members are urged to communicate with Chairmen of Bureaus as early as possible in order that all work may be planned systematically in advance.

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### COUNTY KINGS SOCIETY.

The 472d regular meeting of the Homœopathic Medical Society of the County of Kings was held February 24 at the Medical Library Building, Brooklyn. Dr. F. Glynn Young, N. Y. Hom. Med. Col., '06, was elected a member of the society. A communication was received from the Homœopathic Medical Society of the County of New York agreeing to a renewal of the plan of last year, whereby there was an interchange of meetings, the visiting society furnishing the papers. The New York Society will visit Brooklyn in May and the Brooklyn Society will visit New York in June. Under the Bureau of Homœopathy and *Materia Medica* Dr. R. I. Lloyd read a paper on *Kali bichromicum* in Quiet Iritis, which was discussed by Dr. Schenck. Dr. F. H. Lutze read papers on Phosphoric acid in Diarrhœa, *Phytolacca* in Diarrhœa of Infancy, *Arnica* in Rheumatism, *Belladonna* and *Calcarea carbonica* in Spinal Paralysis. These papers were discussed by Dr. W. W. Blackman, Dr. H. B. Minton, Dr. Lloyd and Dr. Schenck. Under the Bureau of Surgery, Dr. Anson H. Bingham, of New York, read a paper on Orthopædics in General Practice. Dr. Roy Upham read a paper on diagnosis by the x-ray screen and showing radiographic pictures by means of the stereopticon in cases of Exentration of the Diaphragm, Retrocardiac Mediastinal Tumor, and Diagnosis of Forms of Intestinal Stasis. Dr. Schenck read a letter which

had been prepared by the Committee of the American Institute of Homœopathy, of which Dr. Copeland is chairman, to be sent to the President of the American Medical Association, Dr. Witherspoon, proposing certain remedies to be used to prove the law of similars.

L. D. BROUGHTON, *Secretary*.

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### GARNIER ON DOSAGE.

"In order to arrive at an easy choice of the dose carefully note the disease with regard to its acute or chronic nature; its division into vital and organic; remark the age, and temperament of the patient, his manners, habits, etc.; in fact, every pathological modification.

"In acute cases of organic maladies, the diseases of children, of women, and of old people, to subjects excessively debilitated by any cause whatever, or to lymphatic temperaments, give low dilutions, that is to say, from the first trituration, or the mother tincture, up to the sixth or ninth dilution (homœopathic). In chronic cases, in purely vital maladies, above all in nervous affections, those that the ancients called *sine materiâ*; those in general which evade the scalpel of physiological anatomy, to men, to persons who are strong, robust, and fully developed; to those, in a word, who are in the full vigor of life, give the medium dilutions, twelfth, fifteenth, eighteenth, or the high ones from the 24th, 30th, 100th, and beyond.

"There are no better interpreters of laws than examples. I will give you several. Take the case of intermittent fever, no matter the type. Suppose that *Arsenic* be the suitable medicine—if it be a case of long duration, six months or a year, give the thirtieth dilution, and in one dose; if the case be recent, give the trituration. By transposing the doses your treatment would be crowned by a brilliant want of success.

"The same remark applies to cases of glandular swellings within the sphere of *Dulcamara*. And so on in all analogous cases.

"There are exceptions to the general rules. I have found some young girls very sensitive to high doses, even the two-hundredth. Organic maladies sometimes disappear by means of one very

high dose; I have seen children unaffected by low dilutions. In fact, I have witnessed, with regard to doses, the most astonishing departure from the general laws of receptivity."

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### PAY UP OR QUIT.

(The following breezy stuff was sent to the *Long Island Medical Journal* by Dr. H. F. Williams. It is an advertisement that appeared in the McLean, Texas, *News*. It is unethical for a doctor to advertise, but it is doubtful if the State Society will expel the advertiser.—Editor of the HOMŒOPATHIC RECORDER.

"GET IT STRAIGHT."

"Please get it straight in your noodlums that some of you still owe me old bills, and that all humans need money. and that a doctor is just a human, whether you think so or not. Some people seem to think he is one-half owl and the other half jackass; the owl proclivities making him prefer to be up at night instead of sleep, and the jack stock he is supposed to possess enabling him to endure all kinds of hardships and live on half feed and hot air promises.

"Some people prefer, it seems, to call a doctor at night, when, if they had to go after him, they would not walk a hundred yards for him. It's awfully easy to ooze up to the wall and call a doctor over the 'phone, then jump back in bed and wait for him to come through the darkness and cold, and then expect him to come in looking pleasant. I want to tell you it's about as easy to practice medicine and always be pleasant as it is to sit long in a Texas red ant bed and look unconcerned.

"About 95 per cent. of the night calls are useless, anyhow. If the patient is allowed to wait until morning, and a few home remedies are applied, nine out of ten will not need a physician by morning. People take too bloomin' much medicine anyhow. What some need is to be shot full of hot soap suds with an automatic squirt gun.

"Another thing—get it straight—I charge extra for night work, you bet your sox, and I charge extra for work in unusually bad weather in daytime. Night means, when the sun quits blinkin'.



"The cost of living and prices in every line of business have advanced during recent years anywhere from one-fourth to double or more, all except the country doctor's fees. Beginning the first of 1914 I shall charge for day calls in town \$2.50 per call, and \$1.00 extra, or \$3.50, for night calls. If I make two, three or a dozen calls on the same day, I make no reduction on charges. It's as much trouble to make one call as another, and if you don't want to pay for extra trips don't belly-ache for me to make them. Grant knows that if you leave it to me I will make as few as possible. Another thing, please get straight, I charge for prescribing over 'phone. Calls to the country are \$1.00 per mile, one way, except at night, when an extra charge will be made, depending on the distance, weather, etc.

"Now, be sure you get this straight: cut it out and paste it in you hat; when you ask me to 'fix up' some medicine for yourself or folks, don't ask me what the medicine is worth and think, when you pay for the medicine that you've paid all. I charge for my services and charge from one dollar up. I am not SELLING medicine, I am PRESCRIBING it, and I'm not dishing it out for nothing. I had very good health before I came here. Moreover, cheap doctors are, as a rule, like all other cheap commodities, not worth a darn.

"I charge, and always have, \$15.00 for confinement cases in town and a short distance from town, and after that mileage is added. Extra charges are made for extra time of detention or when forceps are used. Naturally, a doctor expects cash for these cases, for you have nine months' warning in which to dig up the dough.

"Now listen, I don't care enough about the practice of medicine to practice just for a job, I want pay for it, and unless you pay, why, I simply don't want your business; and that's not all, you need not send for me if you think I am going to carry your account and troubles indefinitely.

"DR. BALLARD."

## TWO INVOLUNTARY PROVINGS OF PRIMULA OBCONICA.

The following cases were contributed to the *Lancet* by Dr. Arthur Whitfield, London:

"CASE I.—The patient, aged 51, was sent to me with eczema of the face. The eruption had bothered her on and off for thirteen months, and was said to have been started by kissing an old aunt who had a similar eruption. The disease began round the alæ nasi and on the upper lip, but the red part of the lip was not affected. This distribution made me suspect that it was not due to a dentifrice, which usually causes some dryness of the lip itself. During the year that she had suffered from the disease the patient had been abroad to different parts on two occasions, and on neither occasion had she suffered from the disease. When seen there was a condition of subacute eczema affecting the eyelids and contiguous portions of the cheeks, so that the skin was reddened, stiffened with œdema, and had a tendency to crack. On inquiry it was found that the patient had a greenhouse in which she grew *Primula obconica*, but she said that she had handled it for years with impunity. Nevertheless, as I had known of cases in which the susceptibility had been acquired, I suggested that she should banish the plants from her greenhouse. The local treatment ordered was lead lotion with a very small amount of liq. picis carbonis added to it, and under this treatment the symptoms subsided at once and did not recur.

"CASE II.—The wife of a medical man was brought to me for very acute eczema of the left eyelids and cheek only. The swelling was so intense that the eye was practically closed and the eyelids had the curious fawn-colored translucency which is so familiar in acute eczema. The history showed that the disease began with a very sudden onset in June and attacked the right hand and arm, the left forearm, and the left eye. Shortly after the first attack she went to Ireland with her husband for a holiday, and although she bicycled a great deal in all weathers the skin remained perfectly sound. Twenty-four hours after her return home she had another attack, and five or six more attacks in the last three months before I saw her. There had been, until

the last attack, an interval of freedom lasting nearly a month. Inquiry showed that she had *Primula obconica* in her greenhouse for nearly a year, but in the last few days (*i. e.*, just before the last attack) she had been given several more. The *Primula* were all abolished and the disease disappeared."

This drug, obtainable at the pharmacies, has not been much used, though it seems as if it might have very marked curative virtues.

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### VACCINE THERAPY.

Some readers think the RECORDER is not respectful enough towards this therapy, which, like tango, has become a craze and, apparently, like tango, requires teachers, though some seem to think all that is needed is to follow the "directions" of the manufacturers. The Council of the A. M. A. recently printed in The Journal a series of papers on the subject of vaccine therapy from which we clip the following to show its simplicity:

"A clear conception of opsonins is extremely important to the student of vaccine therapy. In their first paper Wright and Douglas showed that by the action of the blood-serum bacteria are rendered a ready prey to the phagocytes. They spoke of this as an opsonic effect (from *opson*, 'seasoning,' 'sauce,' because the opsonins are supposed to make the bacteria more appetizing to the phagocytes), and they employed the term 'opsonins' to designate the elements in the blood-serum, which produced this effect. Phagocytosis depends on the presence of whole blood or blood-serum. Leukocytes washed free of serum ingest few if any bacteria when mixed with an emulsion containing them. To demonstrate the presence of opsonins, a suspension of bacteria (alive or dead) is mixed with washed leukocytes and incubated. Imperfect phagocytes or none at all results. A similar mixture of bacterial suspension and washed leukocytes, plus serum, is prepared and incubated. Phagocytosis is found to have taken place when a portion of such mixture is examined microscopically as a stained preparation. By enumerating the bacteria ingested in a certain number of leukocytes, and dividing to obtain an average, the so-called *phagocytic index* is obtained. The phagocytic index of the patient divided by the average phagocytic index of a number of normal persons gives the *opsonic index*."

## THE SPECIALISTS' DEPARTMENT.

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EDITED BY CLIFFORD MITCHELL, M. D.

140 North State St., Chicago, Ill.

### OUR CONTRIBUTORS.

This month we have the pleasure of announcing Dr. Franklin Patterson, of Chicago, as a special contributor upon electrotherapeutic methods. Dr. Patterson believes in differentiating his cases and not in turning on the current as one would use a hose.

Dr. Frank Wieland, of Chicago, entertainingly, as usual, describes his experience with common sense and Homœopathy versus the vaccines in gonorrhœal rheumatism.

Dr. George M. McBean concludes his able articles on tonsils and leaves us for a three months' course of surgical study in Europe.

Dr. B. A. McBurney, one of Chicago's best gynecologists, will have a few notes on his specialty for us this month and next.

We are glad to receive another installment of very practical observations from our always obliging friend, Askenstedt, of Louisville.

Dr. L. F. Ingersoll, of Englewood, Chicago, contributes a note on lactation for this issue and we have the promise of more, later, from him.

On the whole, we cannot complain of any lack of interest on part of our friends. There are many, however, from whom we would greatly like to hear and an invitation is extended herewith.

Dr. Julius Arthur Toren, our contributor in pathology, bacteriology and chemistry, is contemplating publishing a practical hand-book of chemical tests for body fluids. His scheme for the analysis of mother's milk is a good illustration of the excellent work done by Toren.

### THERAPEUTIC NOTES.

**Ovarian Diseases.**—Dr. B. A. McBurney, of Chicago, makes the following observations:

Carcinoma of the ovaries is frequently associated with car-



cinoma of the stomach, hence the importance of examining the ovaries carefully before operating upon cancer of the stomach.

Etiological theories: (a) Close communication between lymphatics of stomach and ovaries in foetus; (b) Cancer cells fall from stomach and adhere to ovaries.

Theories of dermoids and teratomas.

1st. Ovulatory theory is that the ovum without impregnation produces a rudimentary child.

2d. Tumors originate as the result of proliferation of foetal cells, which were not used in formation of organs, hence called "Cell Rest." They lie perfectly still a long time, and then awaken (as a result of a lack of resistance of surrounding tissue) and begin to proliferate.

**Tonsillectomy.**—Dr. George M. McBean concludes his articles on this subject as follows:

The results of tonsillectomy depend as much on the indications as on the technic. If one expects to cure a chronic pharyngitis by removing tonsils he will be disappointed. Chronic catarrhal deafness with adhesions in the tympanic cavity will not be cured, but its advance may be checked by a tonsil-and-adenoid operation. Acute throat infections will continue to occur so long as there is a mucous membrane for the germs to grow on, but they will not be so severe as before operation. Quinsy does not usually occur, if the tonsil is completely removed in its capsule. Cervical adenitis, the result of tonsil infection, usually subsides after removal of the source. Singers who have cultivated their voices with enlarged tonsils will, of course, have to readjust their throat muscles after operation.

Removal of tonsils will be very disappointing if adenoids are allowed to remain. In children the removal of adenoids is often all that is necessary.

**Askenstedt on the Heart.**—Extrasystoles of the heart are *pre-mature* contractions of the ventricles, sometimes so feeble as not to be detected by the finger palpating the radial. They are most easily recognized by the heart sounds, which reveal between two normal systoles a ventricular contraction too early in time and too short in duration. These sometimes recur at regular intervals. They are occasionally the result of reflex irritation, es-

pecially of abdominal organs; but more often due to some myocardial irritation, and, therefore, most frequent in advanced age. No special treatment is indicated by their presence, since they are of no grave import, in which respect they differ from

**Pulsus altermans**, a state where a normal pulse wave is alternately followed by a smaller occurring *midway* between the normal waves. This condition denotes a serious exhaustion of cardiac contractility—sometimes brought on by overdrugging with digitalis—and requires careful attention to the nutrition of the heart muscle, by rest from mental and physical exercise, and by abundance of food easily digested and assimilated.

**Sudden Death in a New-Born Infant.**—Dr. J. F. Wharton, of Homewood, Ill., reports the following anomalous case:

It seems worth while to report the following case of sudden death in a new-born infant because the condition observed is not specifically mentioned in our literature as an ordinary or common cause of death in infants.

Briefly, the case was as follows: The mother was a multipara, having previously given birth to five living and one dead child (the cause of death being probably syphilis). In the case under consideration the child was born after a normal labor and appeared to be a normal child. It cried lustily and moved its limbs vigorously after birth and, so far as I was able to determine by a very poor lamp light, its color was normal. About one hour after birth the nurse requested me to see the child, as it did not seem to be breathing normally. On first sight it was evident that the child was dead. However, I was not able to say from what it died, except that syphilis was probably in some way responsible, inasmuch as one previous child had been born dead about one year before, and since syphilis was the probable cause of death in that instance.

Necropsy revealed the peritoneal cavity filled with blood, the liver and spleen about double the normal size, and a rent in the ascending vena cava between the liver and the diaphragm, which undoubtedly was the source of the free blood in the abdominal cavity and the immediate cause of the child's death.

It seems likely that the liver and spleen, being abnormally large, were pushed downward during the passage of the child through

the birth canal, and that as a result there was traction on the vena cava and, finally, the rent as described. It is also possible that the vein had become degenerated by the syphilitic infection, which caused the hypertrophy of the liver and of the spleen.

**Wieland on Gonorrhœal Rheumatism.**—In spite of latter-day tendencies to question any medical thought over twenty-four hours old, it is possible that one Samuel Hahnemann—whose name it is bad form to mention in these Class A, Class B days—was not more than a thousand miles from the truth, when he spoke of the suppression, and hence retention, of gonorrhœal virus. He did not know the gonococcus or its toxin, but he knew that if a patient retained the poison of the disease many physical ills would be the result.

In the experience of the writer, there has been no case of gonorrhœal rheumatism that did not have retained pus. A search for the source has always revealed the prostate to be the receptacle, in the male. A case will illustrate:

The man in question has been ill four years with gonorrhœal rheumatism. He has had all kinds of treatment, including one hundred and fifty injections of autogenous vaccine, ten weeks of rest in bed in a hospital, and every rheumatic remedy of which samples may have been left in the mail box. He gave the history of an occasional morning drop. On this account he had been sounded and irrigated and flooded with Copaiba and Methylene Blue, neither of which, by the way, has ever done anyone any good. Massage of his prostate brought a dram of pure pus with the first stripping, and in this pus were gonococci. We shall cure his rheumatism. What possible good could vaccines do, or irrigations, when the source of the pus remained?

If our doctors will look to the prostate, in their cases of old infections, persistent backaches, physical languor and mental depression, they may discard their internal remedies, in many instances. Massage of the offending prostate will clear up everything of this sort.

An interesting experiment was tried out in the county hospital, during the writer's service there, in the care of cases of gonorrhœal rheumatism. One series of cases was treated with autogenous vaccines made in a nearby research laboratory. All these

cases were under the observation of an old school man of deserved reputation. The other series had massage of the prostate, followed by irrigations of permanganate, and, internally, our homœopathic Medorrhinum, the nosode from gonorrhœal pus. The results were dramatic. The cases under homœopathic care were out of the hospital before the old school cases had reached a normal temperature. So impressed with these cases was the interne in charge, a Rush graduate, that having first crossed himself, he entered a homœopathic pharmacy and purchased a supply of Medorrhinum.

**Autocondensation in Arteriosclerosis.**—Dr. Franklin Patterson applies the current according to the indications of the sphygmomanometer reinforced by auscultation of the brachial artery. The systolic blood pressure being determined by cessation of the murmur heard with the stethoscope applied to the brachial below the cuff, the air is released gradually and a sharp sound is heard becoming abruptly dull when the diastolic point is reached. Dr. Patterson does not use autocondensation unless the difference between the systolic and diastolic pressures is more than 35 millimeters less than that signifying good compensation.

## GENERAL LABORATORY TECHNIQUE.

JULIUS A. TOREN, M. D., CHICAGO.

The three principal *proteins of milk* are caseinogen, lactalbumin, and lactoglobulin. Together they constitute about 2 per cent. (by weight) of mother's milk, and about 4.4 per cent. of cow's milk. The most accurate method for determining the protein content of milk is the Kjeldahl. As this method requires several hours time and considerable special apparatus for performance, we will not give it here. An easy clinical method, and one which is fairly accurate if properly performed, requires, in the way of apparatus, only an Esbach tube, such as is used for determining the amount of albumin in urine, a centrifuge, and a supply of Esbach's reagent. The reagent is prepared by dissolving 10 grams of picric acid and 20 grams of citric acid in 1 liter of water. In preparation for the test the milk must be thoroughly centrifuged to remove all the fat possible (not less than 1,500 revolutions per minute for 10 minutes). To remove the skimmed



milk from the centrifuge tube, a piece of small glass tubing, about twelve inches in length, bent in the shape of a letter U, is useful. This U tube should be moistened with water and passed through the layer of cream to the bottom of the centrifuge tube. A slight suction will start the flow of the siphon and the skimmed milk can be collected in a graduate. This milk is now diluted with four times its volume of water and thoroughly mixed with the latter. The Esbach tube is now filled up to the mark U with the diluted milk. Esbach's reagent is added up to the mark R, a rubber cork inserted in the mouth of the tube, and the latter inverted several times to mix the contents thoroughly. The tube is set aside for 24 hours to allow the coagulated proteins to settle, which they will do if the fat has been properly removed. At the end of 24 hours the height of the coagulum is read off on the scale on the tube. Each division of the scale represents 0.1 per cent., by weight. The reading is multiplied by 5 to obtain the protein content of the milk. Thus: if the coagulum reaches to the mark 6 on the tube,  $6 \times 0.1 \times 5 = 3.0$  per cent. proteins (by weight). The principal source of error in this method is failure to remove sufficient fat from the milk before testing. Unless this is done the fat contained in the coagulum tends to keep the latter in suspension.

*(Continued next month.)*

## CLINICAL URINOLOGY AND RENAL THERAPEUTICS.

CLIFFORD MITCHELL, M. D.

**The Nephritis and the Toxemias of Pregnancy.**—The writer is convinced of the necessity of differentiating cases of toxemia due to nephritis caused or aggravated by pregnancy, and those due to hepatic, placental, or other causes. He has read papers on this subject before the Chicago Homœopathic Medical Society, the Grand Rapids Homœopathic Medical Society, and the Indianapolis Homœopathic Medical Society. He proposes also to contribute a paper bearing on this important question to the Bureau of Clinical Medicine and Pathology of the American Institute of Homœopathy.

Convulsions of pregnancy are usually due to toxemias not nephritic in character. Occasionally, however, true uremic convulsions due to nephritis occur. The reason why differentiation is of practical value is because women who become nephritic in pregnancy, as a rule (to which there may occasionally be a few exceptions), lapse into chronic interstitial nephritis, after repeated exacerbations due to successive pregnancies. The writer, therefore, advises women nephritic in any pregnancy not to attempt child-bearing again.

(No such advice, on the other hand, need be given those who have been toxemic from other causes during a given pregnancy.)

The differentiation is difficult, but may be made in certain cases.

**Arteriosclerotic Kidneys and Contracted Kidneys.**—The writer is convinced of the practical value of a differentiation between chronic interstitial nephritis (contracted kidney) and arteriosclerotic kidney. Many make no distinction pathologically or clinically between these two lesions. The pathological distinction, however, is insisted upon by Riesman in the *American Text-Book of Pathology* and with reason. The arteriosclerotic kidney is not necessarily smaller than normal, whilst the truly contracted kidney always is. The arteriosclerotic kidney is a beefy kidney, whilst the contracted kidney is a granular one. The new growth of fibrous connective tissue is focal in the arteriosclerotic kidney, but general in the contracted kidney.

Osler says that clinically a differentiation is unnecessary, but in the writer's experience prognosis demands a distinction. The patient or his family may want to know what is going to happen.

Moreover, from a viewpoint of treatment the arteriosclerotic cases may not, as a rule, demand much renal attention, whilst the liver is often to be carefully relieved of engorgement.

Patients with arteriosclerotic kidney may present a high systolic blood pressure with few or no renal symptoms (œdema, dyspnoea, etc.). Urinary findings are few.

On the other hand, patients with chronic interstitial nephritis may present more serious renal symptoms (nausea, dyspnoea, retinitis), with a blood pressure no higher than in the arteriosclerotic cases.

Furthermore, the truly renal cases do not yield readily to that medical treatment which often brings down the pressure in arteriosclerotic cases.

In the arteriosclerotic cases apoplexy is the danger, whilst in the truly renal cases uræmic complications, many and various, threaten the patient.

Hence the writer always advises an attempt at differentiation.

**A Case of Arteriosclerotic Kidneys?**—Illustrating what the writer has claimed is the following: Patient a well preserved, fine appearing man, of 60 years of age, weighing 185 pounds, presenting no history of previous illness, but admitting the habit of smoking for forty years, of sedentary life, and addicted to hearty eating. His blood pressure, at noon, was 210, following the smoking of a cigar. Temperature, normal; pulse regular, 60.

His urine is normal except that a trace of albumin is always present, and a few small hyaline casts may be found.

This patient has no œdema anywhere, no dyspnœa, even on exertion, appetite is good, has no headache or dizziness, no gastrointestinal symptoms except chronic constipation. The tongue has a whitish coating with yellow base.

The left ventricle of the heart is plainly enlarged, and the aortic second sound is plainly accentuated.

Such a case does not conform to the writer's ideas of what chronic interstitial nephritis ought to show. The changes appear to be in the cardiovascular system involving also the blood vessels of the kidney and bringing about slight focal alterations in the kidney, but not general ones.

The patient is told to stop smoking, gradually; to limit the amount of salt in the food; to get as much fresh air and gentle exercise as possible; to take hot baths with massage; to seek a mild climate in the winter season; to take hepatic remedies and small doses of sodium nitrite.

The effect of autocondensation upon such patients might also be of value in the differentiation, as we could not hope for much relief in the cases in which changes were marked.

**Diabetic Cardiac Weakness.**—Twenty years ago, this spring, a certain patient presented himself for urinary examination to the writer. The case was one of diabetes mellitus and the urine has

been examined many times since, sugar in greater or less quantity always being found. A few years ago one toe became badly ulcerated and was amputated by the attending physician.

The case finally began to show a trace of albumin and a few casts in the urine. The systolic blood pressure, contrary to the rule in diabetes, rose to 180, and there were general evidences of arteriosclerosis.

Not long ago the patient appeared drowsy and was unwilling to get out of bed. Examination of the urine showed no acetone, only a faint ferric chloride reaction, several per cent. of sugar, but a plainer trace of albumin and more casts than at any time during the twenty years of observation.

The systolic blood pressure now was only 150, and the heart much weaker in action.

Digitalis was used by the attending physician in material doses; as a result, the blood pressure went back to 180, the patient recovered strength and is now up and around as usual.

It should not be forgotten that a certain percentage of diabetic cases succumb to **heart weakness** rather than to coma. We know of one such case which was mistaken for alcoholic poisoning.

**Practical Hints in Urine Analysis.**—As a rule, we examine urine regardless of cost of apparatus, etc., but after a time we become weary of the high cost of urinary living, so to speak, and seek ways to economize.

Owing to the small demand for apparatus, etc., used for urine-analysis dealers are obliged to make high profits on account of carrying charges. We have no quarrel with the dealers, but, at the same time, are not averse to saving a dollar occasionally.

Uranium salts vary greatly in price according to whether they are sodium free or not. For most purposes of urine analysis, as, for example, the Folin-Shaffer process for uric acid, the acetate of uranium and sodium may be used instead of the higher priced sodium-free uranium acetate.

An important saving may be made in chloroform for analytical purposes as, *e. g.*, for indican, etc. Chloroform costs about a dollar a pound, but trichlorethylene, which answers the purpose in the indican test, is worth only twelve cents a pound.

Filter papers run into money very fast. But for most purposes



in urine testing the cheap wood pulp paper rolls sold in the department stores may be used instead. Office ladies who are not too much occupied may be utilized in cutting out filters from these rolls. The roll paper is more porous than most analytical filter paper and cloudy urines may require several thicknesses for clarification.

The ammonium sulphate used for the Folin-Shaffer uric acid analysis is used up quickly and five pound packages are desirable. Mallinekrodt's sulphate is put up in cartons and the extravagance of a five pound bottle may be avoided by buying such sulphate.

Bromine should always be bought in pound bottles, as the saving over ounces is enormous. But the physician who opens a pound bottle of bromine should carry accident insurance!

The weighing of sodium hydroxide for use in the Doremus urea determination is a nuisance and may be avoided by dissolving the sticks of a pound package in 1135 c.c. of distilled water.

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### PRACTICAL POINTERS.

Dr. D. M. Currier, of Newport, N. H., considers *Phytolacca decandra*—made from the green poke root—the best thing going for cancer, applied locally. Also for lame joints in chronic rheumatism. Some years ago a South Carolina doctor highly recommended a cerate of *Phytolacca decandra folia*—the green leaves—for the same purpose. It has been extensively used, but no one has reported to the RECORDER concerning its value.

Dr. Geo. Royal (*Iowa H. J.*) had a case of a woman quite normal, but dizzy whenever she moved her head or even eyes, but in the dark, or with eyes closed, she was not dizzy. *Gelsemium* 6 cured.

*Pareira brava* was highly recommended by Dr. Sieffert, of Paris, in renal colic. He was the more confident because he was a sufferer from that sharp affliction himself.

From an old note book: "As an anti-fat *Apocynum cann.* deserves an important place in therapeutics. When obesity is becoming a burden to the patient, and there is a plethoric condition, with gastric and cerebral disturbance, *Apocynum* will give prompt and active relief, and reduce the excessive fat materially, and is

free from unpleasant after effects." The *Decoction* is the best form in which this drug can be prescribed.

Concerning *Asclepias tuberosa*, the "pleurisy root," Dr. O. H. Hyde wrote: "I have found it of certain benefit in the pains that follow pleuritis at the site of the adhesions, and that often are very severe, from time to time, even for years after disease had been cured, one large dose sometimes giving complete relief from the distress." Burnett, in his "Fifty Reasons," says that *Bryonia* did this great service for him, for he had suffered for years from an old pleuritic adhesion.

The action of *Cratægus oxyacantha* on the heart has been compared to that of a good dinner on a cold, tired and hungry man.

An exchange states that a French physician claims that horse serum applied to wounds will heal them. *Succus calendulæ* will do it better, for one one-hundredth of the cost of the serum. Serums, bichloride and all the brood of antiseptics can be profitably swept aside where the *Succus calendulæ* is employed.

"It is absolutely true that pus cannot form where *Calendula* is being so used. It seems almost a strange thing that a mild non-toxic remedy like *Calendula* can absolutely inhibit the formation of pus in contaminated lacerated wounds and very extensive burns, but it is an undoubted fact. Large burns that, under the use of Carron oil or linseed oil and lime water, soon become covered with pus, will remain permanently clean and aseptic if dressed with *Calendula* and a saturated solution of boric acid."—*Dr. W. M. Gregory, Berea, O., in Ellingwood's Therapeutist.*

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## BOOK REVIEWS.

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SPECIFIC DIAGNOSIS AND SPECIFIC MEDICATION. By John Williams Fyfe, M D., formerly Professor in the Eclectic Medical College of the City of New York. A thorough work on specific medication, embodying the work of the late John M. Scudder, M. D. Second edition. 8vo. 784 pp. Cloth, \$5.00; sheep, \$6.00. J. K. Scudder, Publisher, 630 W. 6th St., Cincinnati, O.

This fine Eclectic work is divided into two parts. Part I., Specific Diagnosis, runs to page 298, and Part II., Specific Medi-

cation, completes the book, including the Index. Some readers may ask, "What is the difference between 'specific diagnosis' and the other kind?" Probably this quotation from the book before us may give the key to the answer: "Disease is not an entity—something which can be expelled from a living body—but it is actually a method of life." This section of the book is full of keen observation and is very interesting, and, we believe, useful to any physician. The second part is taken up with the remedies used in eclectic practice. If you want a sound book on eclectic practice this seems like the book you are looking for.

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THE HOME NURSE. By E. B. Lowry, M. D., author of "Herself," "Confidence," "Truths," etc. 224 pages. Cloth, \$1.00. Chicago. Forbes & Company. 1914.

A book of twenty-one chapters for the home telling how to co-operate with the physician and also to care for the sick where no physician is in attendance. As a work on simple nursing the book is all right, though some might criticise it in places, as where the author says that the only thing to do with adenoids is to cut them out; may they not be evidences of a constitutional taint that needs treatment?

An incident in the life of Sir Walter Scott is related that is interesting: When eighteen months old he had infant paralysis. His grandfather, when the acute symptoms had subsided, sent him to his farm in Scotland and placed him in the care of a shepherd, who carried the child daily out to the hills and craigs, where the sheep were and left him to lie on the ground. Soon he began to roll about, to crawl and, finally, to climb and walk. Sir Walter attributed his after good health to this heroic treatment. The grandfather was a physician.

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Dr. José Roviralta Borrell is translating Dr. H. C. Allen's *Materia Medica of the Nosodes* into Spanish.

The first form, of sixteen pages, has been printed in very handsome style. The work is being done at Barcelona, Spain.

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## EDITORIAL NOTES AND COMMENTS.

THE PUBLIC, THE GERM, AND THE DOCTOR.—She was 84 years old (this is a true story) and she had a fall, striking her face and bruising it. She had the hurt bound up by those of her own household. Afterwards, being asked why she did not call in a doctor, she replied that she was afraid of germs. She said doctors go from one patient to another without being fumigated or disinfected and if what “they say” about germs is true they must be dangerous in a house. As said before, this is a literally true story, told to us by a relative of the family. The old lady was severely logical. The lesson is obvious.

THE CHRISTIAN SCIENTIST, THE BROKEN BONE AND THE DOCTOR.—Here is another true story, the person concerned being known to the writer. The lady, wife of one of the leading citizens of the city where she lives, fell down a flight of stairs and severely hurt one of her hands. Being an ardent Christian Scientist she refused to have a physician examine it, but, instead, brought the whole power of “the science” to bear on the case. That was about seven months ago. The pain was severe, but she held out for about six months and then quietly had an x-ray man take a look. A broken bone, badly knit, was discovered. A physician was then consulted, but nothing could be done unless by surgery. He also said that possibly the osteopaths might benefit the case some and so now the osteopaths have it. A lesson to “the scientists.”



DR. OSLER'S PAPER.—Dr. Osler contributes a nine page paper to the *British Medical Journal*, March 7. Case after case is related in detail, the display of medical learning is great and of a high order, but that is about all, cure seeming to be conspicuous by its absence. Some of the cases extended over years and some had autopsies. One could not help speculating on what would have been the result if these cases had fallen into the hands of some of our plain homœopathic physicians. There might not have been so much learned analysis, but probably the results might have been better.

REASONS FOR CANCER OPERATION.—In the *N. Y. State Journal of Medicine*, Dr. E. H. Foote, of New York, contributes a paper on this subject. After mentioning four general reasons for operation, he adds this rather startling observation: "I am tempted to add another reason, which, probably, exists in the mind of the patient and his friends oftener than they would like to admit, and that is, the possibility that the patient may die from operation."

"FREE LUNCH."—The *Medical News* says: "In Cincinnati there have been repeated prosecutions of saloonists for ignoring the law against offering free lunches to their patrons." Whether the primary purpose of this law is to reprove sin or germs is not clear, but with reformers raging on all sides it is no wonder that the world has become tango dervishes.

ILLS FROM SERUM.—The *Journal A. M. A.* prints a letter from a correspondent asking for "scientific proof" "that asthma and hay fever are caused by anaphylaxis" resulting from antitoxin and horse serum. The editor gives him the proof. The query was called out by the *Journal's* caution not to use the serums in patients subject to asthma or hay fever. It may be deduced from this that serums and vaccines from animals tend to arouse the tendency to any disease that may be latent. These two ills have been proved to follow the injections in those with a tendency. Perhaps closer observations may show many others resulting from the host of animal products so freely used to-day.

LITTLE THINGS.—Not long ago we read a small jibe at a homœopathic journal for printing "clinical cases," mostly of everyday ills. The subtle impression on the reader is that the real physician knows all about curing bellyache, colic, rheumatism, colds, coughs, headaches, and all the rest of the low down ills, yet which make up the majority of human ailments. Do they? Apparently the editors of the big medical journals think so, for after the jibe, we picked up one of the biggest of them and looked over its bill-of-fare. This opened with *kali-azar*, followed by *trypanosomiasis*, *intestinal schistosomiasis*, *beri-beri*, *zeism*, *pellagra* and several other things the plodding practitioner never meets in his daily round among the sick. If our high-brow journals would issue, ever and anon, a "practical number," telling the average practitioner what to do in the little things of disease that hard working professional might rise up and bless them. However, there might be danger in such numbers for they might uncover the nakedness of the big ones. Understand, kindly reader, that it is not advocated that *intestinal schistosomiasis* be entirely neglected, but do not be lofty with the doctor who relates how he relieved Johnny of his bellyache, or Susie of her snuffles.

THE NATURE OF THE MICROBE.—Learned men seem to be undecided as to whether the microbe should be claimed by the botanist, the zoölogist or the entomologist. A quotation from the writings of H. S. Jennings points to the possibility that they may be claimed by the piscatologist. He tells us that the "amœba takes its food simply by sending out pseudopodia, flowing around, and enveloping small bodies." This reminds one of the cuttle fish. To be sure "amœba" (in the Greek) means "change," if the dictionary man is reliable, hence the whole matter is thrown into nature's chancery court, chaos, again. Sometimes we think "decay" would be the proper term, which would throw the thing to the necrologist.

TUBERCULOSIS.—A contemporary gets off the following: "Much has been said and written on the cure of tuberculosis. Furthermore, ninety-nine per cent. of it is utter nonsense." If one could get the one per cent. of truth it would be, at least, a

starting point, but it is not given save in a vague "nature cures." Can anyone define that much used word, "nature?" Our "regular" friends, or some of them, are fond of saying, with much appearance of deep learning, that "nature cures." But with equal force (and truth) it may be said that even nature "cures" it also "causes"—and there you are, much profoundness gone up in smoke! If nature does the work of what earthly use is a doctor except it be as a sort of superintendent of nurses who (more or less) take care of the patient while that vague "nature" does the work? Any one who has seen, or experienced, the wonderful effect of a remedy homœopathic to a given case hasn't much use for what Ex-President Roosevelt once termed "nature fakirs."

THE EPIDEMIOLOGIST.—Our esteemed contemporary, published by our beloved Uncle Sam, *Public Health Reports*, says that "the only person who can efficiently do epidemiological work is an epidemiologist." The next time those underpaid doctors who follow a big health board come around in "scare" times you ought to ask them if they are trained epidemiologists. Our contemporary also remarks: "Public health is a rather expensive necessity, and if the general public wants it, it will find that it cannot get it from poorly prepared, underpaid men." The general public looks at its "health" appropriation and thinks it is paying for such service.

"BIG BUSINESS" IN MEDICINE. A somewhat emphatic doctor, as some doctors are apt to be, blew in the other day and vowed that "the interests" were getting their grip on allopathic, otherwise, "regular" medicine. Read the *Journal A. M. A.*, he argued, and note how few drugs of the pharmacopœia are used any more. Everything is "the latest," which, in turn, is proprietary. "The Council" decides what you may prescribe or advertise; all is swept aside but the few big concerns and, as a rule, their products are no better than those dubbed by the coming big but quiet trust "fraudulent proprietaries." None of them are worth much whether endorsed or condemned, but there is "big money" in an endowment. So the doctor argued.

WHEN SCIENTISTS DISAGREE.—Our estimable friend, Ex-Secretary J. Richey Horner, M. D., has a paper in the *North American Journal of Homœopathy* in which he says that "it has been the fashion, for generations, to blame heredity for about every thing evil that has come upon the human race," but (to use our own words) science has knocked this idea out, it is limp on the ropes. We are not disputing what Dr. Horner says, or disputing the idea that science hit heredity on the solar plexus, but merely wondering what the earnest eugenist has to say about it, for, in the long run, heredity is his only stock in trade, by which he (and she) arouses the virtuous legislators to pass all sorts of laws to put a stop to bad heredity.

CONCERNING CONSUMPTION.—The Department of Health of Pennsylvania has issued a bulletin concerning consumption from which the following is taken—*italicized* as printed:

"With regard to this disease, there are *three fundamental facts* to be remembered, and particularly by *three classes of persons*. The facts are:

"First, the fact that consumption is an *infectious* (communicable) disease.

"Second, the fact absolutely proven, that consumption is a *curable disease*, and,

"Third, the fact that consumption is a *preventable disease*."

There is considerable difference of opinion on these points, especially among the English and continental physicians, some of them denying every proposition. Concerning the second and third propositions we are inclined to think that they can be made true through Homœopathy alone.

THE AGE OF PROGRESS.—Fifty years ago if a doctor had made a therapeutic, or any other kind of discovery, and had tried to keep it secret so that he could make money out of it, he would have been damned by all the medical profession of the day. He would have been "a quack," "an impostor," "a traitor," and various other disreputable things. It is different in this "age of progress." To-day if a man makes a discovery he is apt to have it trade-marked, or, if possible, kept a secret, and sells it at a fat profit at so much per bottle or package. Indeed, nearly the whole therapy to-day of the once severely ethical allopath is covered by



proprietary rights. Their pharmacopœia is flouted. There is not much difference between their therapy of to-day and that of the patent medicine advertisements of the past, saving that the old patent medicines were safer, and much cheaper. To meet the present condition the word "eth-pharmaceutical" has been invented and many a once ethical physician has gone off under its cover into "pharmaceutical companies" and shake their fat sides when the old time "ethics" are mentioned. Yes, it is an "age of progress," but in what direction the progressing is is another matter. Now all of this is but a mild hint for our rulers not to make too great a display of alleged virtue. As Moses commanded, do not ascend the steps of the altar lest your nakedness be discovered. Stay snugly on the "ground floor."

THE CAUSE OF PNEUMONIA.—Our esteemed contemporary, the *Monthly Cyclopædia*, Sajous, editor, is getting heretical. It says that during the Philadelphia summers this disease, pneumonia, is practically negligible though "the air is constantly surcharged with floating dust particles, which are said by sanitarians to contain all conceivable forms of germ life. In the winter season frequent rains reduce the dust in the air to a minimum. And yet the number of pneumonia cases reaches an appalling figure in winter." Also, "Those who live luxuriously, accustomed to warm interiors, but who occasionally venture out insufficiently protected, seem to rank with the poorly fed of unhygienic habits in their susceptibility to the disease." Then what part does the "cause," the learned pneumococcus, play?

ANTISEPTICS.—Dr. R. O. Braswell, Ft. Worth, Texas, writing (*N. E. M. A. Quarterly*) of a certain surgical operation, says, among other things, requisite for success is the "avoiding all antiseptics, both in preparing the patient and during the operation, and by using the strictest aseptic precaution." Bichloride on raw flesh is a queer proposition for scientific men to gravely uphold, for, while it may kill the "germs," it will also tend to kill everything else. Florence Nightengale was the original germ killer and she employed soap, water and fresh air.

SUBSTITUTES FOR WINE.—An earnest doctor puts it to his brethren who, with their patients and themselves, sometimes follow St. Paul's advice to Timothy to "take a little wine," etc. He puts it: "Have we not the alkaloids, strychnine, glonoin, cactine, digitaline and strophanthin to call upon when morbid indications call for its supposed use?" There are other earnest men who ask why doctors should poison their patients with those powerful drugs. And so the ears are dinned with shouters on all sides, shouting conflicting advice and raising the nether regions generally.

DON'T BE TOO PREVIOUS, THOUGH.—An esteemed contemporary writes: "Do not forget that the case of 'sore throat' may turn out to be one of diphtheria." Sure thing! But also remember that it may not, so do not be too hasty in sicking the health board on that family else you may lose it and its friends. Even diphtheria is not contagious until it arrives at a stage where there is no question of diagnosis. Even at the worst there is no danger of contagion if a little common sense be used.

TO STOP TUBERCULOSIS.—A contributor writes to one of our exchanges concerning tuberculosis: "A regard for the welfare of society, and for our own particular portion, should compel an earnest effort on the part of our noble profession to irradiate, or limit, the further inroads of this disease." You have been spending close to twenty millions a year for several years "fighting" this disease; in this were you not making "an earnest effort?" Tuberculosis will never be eradicated so long as its cause remains. And the cause? Surely it is not the consumptive himself for that would be to make cause and effect identical.

ADENOID OPERATIONS.—In the *Australian Medical Journal* Dr. Grove contends that the operation for adenoids is not so simple as some men think. There are two dangers. The first is bleeding. The second is infection. Among these latter he mentions sepsis, endocarditis, rheumatic fever, tonsillitis, adenitis, torticollis, lung infections and meningitis. The condition is evidently constitutional and ought to be amenable to constitutional treatment, even though in some cases it may be necessary to give re-

lief by cutting. Cannot some of our readers give their experience with the indicated remedy in adenoids?

CONCERNING EUGENICS.—This is clipped from an editorial in *American Medicine* on the subject of eugenics: "On the other hand, our 'best people' often prove to be the worst breeders, having offspring who are burdens to themselves, parents and society—and we haven't the remotest idea why. Criminals generally come from respectable families, consequently the sterilization of criminals can have little effect in reducing the criminality of the next generation. As for positive eugenics or selection of mates to improve the breed like cattle, we need only mention it to condemn."

THE DEADLY SERUM.—We have received a lot of clippings concerning the seven patients who died from the injection of a rather mysterious serum. Here is one from a Pacific coast paper, but which one sender did not state:

LOS ANGELES, CAL., March 9.—Plans to analyze chemically the serum under the use of which seven county hospital patients suffering from specific blood poisoning have died since Saturday were rendered abortive to-day when Dr. C. H. Whitman, superintendent of the county hospital, announced that all the serum made up had been used. Calvin Hartwell county coroner, ordered an autopsy performed on one of the bodies, but did not expect to develop anything regarding the cause of death more specific than "toxic poisoning."

Harry Lane, the eighth man to whom the treatment was given, and who was reported to be dying last night, was improved to-day, and surgeons hoped for his recovery.

Dr. Whitman said the serum which killed the seven patients had been in use for a long time here, and never before caused a death. It is the prescription of a noted German scientist, he said. An average of 300 treatments a year is given at the hospital, according to Dr. Whitman.

Could it have been Salvarsan? Both patients and doctors are in the better way when they stick to Homœopathy.

HIS DAY IS COMING AGAIN.—"Do we not forget it is the aim of the medical college to develop a well-ground, a well-rounded, a substantial and sensible general practitioner? We are not planning for a composite product, the blurred image of a dozen specialists, rather, we want a clean-cut, cameo-like figure, the

'family doctor.' Leaving the figurative, we seek a graduate who has his mind filled with exact knowledge of the normal man, who possesses trained and accurate methods of diagnosis, who knows exactly how to proceed in the treatment of his patient and in the protection of society, and, quite as essential, who has developed such a sense of proportion that he knows his limitations and appreciates the occasional necessity of special aid and expert advice."—*Dr. Royal S. Copeland.*

THE ROCKEFELLER INSTITUTE.—M. Emile Boutroux, of the French Academy, has been visiting the Universities of the United States and the *British Medical Journal* makes some editorial comments on what he has to say of them. Concerning the Rockefeller Institute, we quote from the editorial:

"M. Boutroux finished up his round of inspection, as we may call it, by a visit to the Rockefeller Institute in New York. He describes the installation as admirable, and says the resources at the disposal of the investigators are almost unlimited. In return only one thing is asked of them—that they shall produce. If some years pass without the workers showing any interesting results, they are simply thanked for their services and are replaced by others from whom more is looked for. We hope that M. Boutroux is mistaken; if he is not, those in whose hands lies the management of the Rockefeller Institute must have a wrong idea of scientific work. To apply the hustling methods of the factory, the workshop, or the bank, to the laboratory is a grievous mistake even from the business point of view. It tends to the hasty output of immature results, which retard instead of advancing the discovery and application of new truths. It tends also to constant striving after sensationalism, a thing absolutely opposed to the scientific spirit. M. Boutroux seems gently to hint at these objections when he says that Nature herself has need of a period of incubation for the production of her finest works. He adds that the genius of man is a mixture of the conscious and the unconscious, in which the latter plays a part as difficult to regulate as it is powerful and indispensable."

HE BELIEVED IN MEDICINE.—The following story is taken from the *Lancet*. Please note that the man lived to be 65 years



old: "In the year 1814 one man created a record by swallowing not fewer than 51,590 pills. His name was Samuel Jessup, who died at Heckington in Lincolnshire in 1817, aged 65. He was an opulent grazier, a bachelor, without known relatives, and for the last 30 years of his life possessed a craving for what was then called 'physic.' In 21 years he took 226,934 pills supplied by an apothecary of the name of Wright, who resided at Bottesford. This is at the rate of 10,806 pills a year, or 29 pills each day, but towards the end he took 78 a day. Notwithstanding this he took 40,000 bottles of mixture, juleps and electuaries. Some of these particulars were disclosed at a trial for the amount of an apothecary's bill at Lincoln assizes shortly before his death."

QUESTIONS.—Examining board questions are always interesting, showing the minds of the examiners as they do. For example, here is a question from a recent examination: "Describe the method you would follow in using Salvarsan (606) in the treatment of tertiary syphilis?" Suppose the candidate were to answer: "Being ethical I do not use proprietary medicine," what would the answer from "the board" be? One might put to the board the question: "If it is proper for an official board to require a knowledge of '606,' is it also required to know the use of Humphry's '77,' Carter's 'Little Liver Pills' or 'Antikamnia,' and if not, why not?" Further on the candidate is asked to give the "treatment of a case of diphtheria?" If the reply were "it would depend on the symptoms," would the answer be accepted? And if the board were asked, "is there but one treatment as question implies?" what would be the official answer? It is a rather interesting problem.

THE STORY OF A GREAT DISCOVERY.—We met a man the other day who is on the staff of a journal that you will find on all the news stands, who told this story: A young woman in one of the aforesaid journal's office was troubled with pimples on her face. She bought a pimple remedy from a drug store. Shortly afterwards she had a bad cold and bought a bottle of medicine for the cold. In time the pimples disappeared, but she discovered that she had mixed those babies up—had been taking the pimple remedy for the cold, and rubbing the cold remedy

on the pimples. "She honestly believed she had made a"—well, say, *hades*—"of a discovery; she bought the remedy by the gallon, put it up in vials and advertised it and did a good business until she was stopped." There we chipped in with the remark that the girl was no worse, or her remedy more hurtful, or less scientific, than much of the "ethical dope advertised in, say, the *J. A. M. A.*" "You always were a kicker," this from him. "No, only a backer of scientific medicine—Homœopathy." A pause, and then, "I must confess that I have changed my family physician lately, and called in a homœopath, and he is doing much better than the other did." Then sez we, "Sure! for the first time you've had a scientific man." That is about the way it went, though not exactly dictographically reported, only mnemonically.

THE EGG OR THE CHICK?—This old question seems to be raised in a report on "Malaria in North Carolina," published in *Public Health Reports*, by H. R. Carter, of the U. S. Public Health Service. If we may venture a criticism, or, rather, comment on this interesting paper it is that Surgeon Carter seemed to be working on the mosquito theory rather than studying the subject. But to the egg or the chick question. Mr. Carter says that with one exception the tide-water towns have a rather wide fringe of negro huts about their outskirts, and, as there are many carriers among the negroes, these give an opportunity of infecting the *Anopheles*. This seems to indicate that man is the primal sinner in the matter, though according to current ideas the *Anophele* infects man, yet here we have man infecting the mosquito. Which of the two started this game of battledore and shuttlecock? It sometimes seems that even in medicine the subordinate doctors are bound by Acts of the Legislature. The mosquito is the cause, and if any man dare go contrary he is in danger of being disciplined. Mr. Bently, in India, in a similar report mentioned the fact of places where there was malaria and no *Anopheles*, and other places where the mosquito abounded but there was no malaria; also the reverse. Wouldn't it be well for the officials to give their brainy men a little more freedom in the matters connected with disease?

A QUESTION OF ETHICS.—The *N. Y. Medical Times* is becoming interestingly radical. It says, in effect, that if the degenerates did not kill themselves off by means in vogue in that class society would be forced to do it. The big guns on the State Health Boards figure out that for every life saved the State is a certain number of thousands of dollars the richer, but the *Times* thinks it is the loser, and that disease and vice are really doing a good work in killing off the degenerates. It is a curious question. The *Times* seems to think that the degenerates are confined to the drug using and vicious class, but there are depths under depths. Apparently the vicious class are of no use to a community, but what about the strictly moral and respectable citizen who devotes all his mental power to a scheme that makes a financial wreck that may beggar thousands? He is not a "degenerate" in the medical sense of the term, yet he does more harm than the worst of the worst slums. "Degeneracy" is a word that the dictionary makers make a bluff at defining, but if an archangel were to appear with orders to kill all who come within the real meaning of the term there might be some startling things happen. "Do unto others as ye would that they should do unto you," is about the one practical cure for degeneracy, and every one can take the cure if he will.

THE LATEST LEARNING.—Our very learned J. A. M. A. has an editorial on "Hydroxyphenylamin—an Animal Poison." It opens as follows:

"The pharmacologic investigation of synthetic aromatic amins has been greatly stimulated by the discovery of the chemical structure of epinephrin and the demonstration that it belongs in this group of organic compounds. The systematic testing of numerous related and suitably constituted amins has shown that in general they exhibit pressor effects on the circulation and other physiologic phenomena characteristic of the effective agent of the adrenals, their activity increasing according as they approach the chemical structure of epinephrin. One of the most interesting of all these newly investigated products is hydroxyphenylethylamin, which can readily be prepared from the protein cleavage derivative tyrosin by splitting off carbon dioxid from the molecule of the latter. This reaction can be brought about by putrefactive bacteria; and in truth hydroxyphenylamin has been detected among the products of the putrefaction of proteins and identified by Barger among the pressor principles yielded by putrid meat."

There is really much learning in the editorial quoted, but if any hard working doctor can get anything helpful from it—and its kin—he is to be congratulated.

SCENE SHIFTERS.—There was an editorial in a recent number of the *J. A. M. A.* under the heading, "Phthisiophobia in the Light of Recent Developments in Tuberculosis Investigations," which gave the health boards and other warm air artists in the matter of the "frightful danger" humanity is in from the tuberculous considerable of a jolt. It is needless to go into details—allergy, anaphylaxis, sensitiveness, etc.—for the matter seems to settle down into the old common-sense notion that the disease is really a matter of heredity, and that the prevalent "scare" is groundless. You can read it in the Jan. 3 issue, where many learned European and American authorities are quoted. They have not quite discarded the prevailing theory but are getting very close to doing so.

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### NEWS ITEMS.

Dr. Frederic G. Ritchie has removed his office to 247 W. 72d St., New York. Eye, Ear, Nose and Pharynx exclusively.

Dr. P. D. Gaunt has removed from Keokuk, Ia., to Warsaw, Ill., succeeding Dr. W. L. Winnard.

Dr. J. A. Rice has removed from Live Oak, to Knob, Shasta, Calif.

Dr. C. S. Raue is now medical and surgical director of the Children's Homœopathic Hospital, Philadelphia. Dr. Raue is the author of the standard work of the diseases of children, now in its second edition.

Dr. C. V. Bryan has removed from Birch Tree to De Sota, Mo.



## PERSONAL.

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"A man can't believe everything he reads," remarked the man who read his own obituary.

"It is a pleasure to report that bonds have been issued for a new jail."  
—*Charity Report.*

She said (according to *Lippincott's*) that "dad was charmed with Venice because he could fish out of the window."

Isn't "A Plea for——" being a little overworked, as a title for papers?

A learned contemporary intimates that *Ignatia* is the remedy for the defeated team.

"Aviator Dies Suddenly at Home" is a recent newspaper head-line.

A brutal crank says that women have no use for silent letters.

Don't go to Europe next year, go to California and take in some real scenery.

A scientist says that life is "molecular muscle." Now to find out what that is!

A surgeon tells us that he has never been very successful in operating on stocks.

But what about the company that "misery loves?"

Sweet, young things are prone to exaggeration—barring age, of course.

Asked what he would give for atheism the Freshman replied, "*Sulphur.*"

Germs in the brain may be the worst.

The candle power of every man is less than he thinks it is.

A dozen years ago an optimistic medical scientist wrote "Tuberculosis is a thing of the past."

"Damiana" sounds like Italian cussing.

"If microbes go by kissing, which is the guilty party?" asks Claude.

An enthusiastic surgeon writes of "a picturesque sausage-shaped pyosalpinx."

Before, the average brother sinner he is a Don Juan, but after marriage he isn't, being then truthful.

A Greek poet, Antiphanes, originated "the hair of the dog that bit you."

The "germ," or bacilli, has taken the shoes of the ancient "humours."

The homœopath knows how to cure illness, therefore he is ahead of his times as was Harvey.

Therapeutic power and poison power are two very different propositions.

No one has ever isolated the active principle of that which man glibly names "Truth."

What right has Miss —— in a "Mothers' Congress"

# THE HOMŒOPATHIC RECORDER

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## A REVIEW REVIEWED.

G. T. J., who reviewed Dearborn's *Diseases of the Skin* in *The Journal of Cutaneous Diseases*—which we understand (with due respect to the other journals) is the leading skin journal of the United States—is surely very fair, according to his lights. We will not give the whole review, which is quite long, and is a review and not a perfunctory notice, but a few excerpts may be interesting. G. T. J. writes—(G. T. J. stands we believe for Dr. George T. Jackson):

The book now before us for review is well printed from clear type. The proofreading is well done. We have noted only three typographical errors. One is on page 17, line 17 from the bottom, where *shart* should be *shaft*; one on page 41, line 19 from the bottom, where *dermatitic* should be *dermatitis*; and in another place *Whiphouse* probably should be *Whitehouse*.

This, it seems, speaks well for so large a book—very well. After some comments on the illustrations the reviewer continues:

The various diseases are clearly and concisely described in their usual and typical form. The pathology of each disease is dismissed in a few lines and almost entirely unillustrated. Special stress is placed on treatment, so that therapeutics is the strong part of the book. Special attention is given to the external treatment, and all the most modern methods are described, such as the use of X-rays, radium, carbonic acid snow, high frequency currents and vaccines. Directions as to diet are given and such drugs as potassium, quinine, thyroid extract, mercury and other standard remedies are recommended in the usually accepted dosage. At the end of each section on treatment is placed a line or two of the abbreviated names of homœopathic drugs that may be "studied" or are "indicated."

The vocabulary is full, hardly any of the recently described dermatoses being omitted. The description of many of the latter is very meagre. To us as physicians, the book has special interest as setting forth the best practice of a sect in medicine. In the section on general treatment, eight

pages are given to an alphabetical list of drugs and their potencies that may be "indicated" in skin diseases. They number about two hundred and thirty-four. Surely our homœopathic brethren are rich in resources! In the treatment of eczema we have the liberal allowance of seventy-seven drugs from which to choose; drugs for every phase, from erythematous to gangrenous, whether acute or chronic, localized or generalized, by day or by night, in dampness or dryness. For the *internal treatment of ringworm* there are 14 drugs, for scabies 5, for corns 4, for warts 16. We can but read and wonder!

Learned as G. T. J. undoubtedly is in his field, yet the idea arises that there is one thing lacking in his store of knowledge, which is, that he is unable to distinguish between what he terms "a sect in medicine" and the Science of Therapeutics, the real definition of Homœopathy which he calls "a sect." A learned man who must necessarily be a true philosopher knows that in such a vital thing as the treatment of human ills there must be a fundamental science governing the action of drugs on the diseases, whatever it be. As a learned man he will probably admit this self-evident proposition, but contend that disease, being a specific thing, as, for instance, syphilis caused by the *spirocheta pallida*, therefore the symptoms of the patient have nothing to do with drug indications, but the scientific physician must resort to empiricism ("606" experiments for example) to discover a drug that will counteract the action of the *spirocheta pallida*. But the action of these (micro-organisms) are not always the same. Scott (*Br. Med. Journ.*, Nov. 22, 1913) of the British navy points out the observed fact that the *spirocheta* contracted in China, India, parts of the Mediterranean, Mexico and doubtless elsewhere are not amenable to the treatment that is successful for the same disease as to name when acquired in England. According to the light that enlightens G. T. J. the disease should be the same as it originates in the same cause, but Scott says it is not. Just here comes in the real science of therapeutics with its various remedies for a disease scientifically, and according to health-board rules (God save the mark), bearing the one name and therefore, legally, being the same, where as a matter of hard fact it is nothing of the sort, as Scott discovered and homœopaths have always known, for they treat the actual disease as presented and not its name. After a number of criti-

cisms along these lines, indicated above, the reviewer concludes that the book is:

A safe guide to the treatment of diseases of the skin, if one does not pin too much faith to the efficacy of the so-called homœopathic remedies. It is easily the best book on its subject that has been written by a disciple of Hahnemann, and deserves the success that it will surely achieve.

This is a gracious and courteous conclusion, but it is the very thing that G. T. J. condemns that gives the book its super-eminent value, namely, the many remedies indicated for a disease bearing the same title in the nosological tables, yet being something essentially different in each patient.

G. T. J., and others should not be afraid, or restrained by college taught prejudice, from taking the broader view. "Regular medicine is too much like the dame, depicted by Tennyson, who, as we remember her, was "faultily faultless, icily *regular*, splendidly null." Come up, you splendid ones from the narrow defiles of your worn out regularity, into the large expanses of similia and you will be the better for it—and so will your patients. You will be welcomed, for the true homœopath is not a bigoted, "holier than thou," sectarian.

G. T. J. would make a good man in the larger realm, for he is courteous and fair.

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### "THE QUARTERLY."

You are first told "*Honi soit qui mal y pense*," ye who read "The Phi Alpha Gamma Quarterly," a journal which has on its title page "Six Reasons Why The Quarterly is the Greatest Fraternity Journal on Earth," namely, "Ashton Stevens, Geo. F. Butler, Alonzo C. Tenney, Clifford Mitchell, Burton Haseltine, Frank Wieland." The Quarterly is published in Chicago, of course.

That staid old journal, THE RECORDER, likes "The Quarterly," not so much for the instruction it contains, but because it doesn't; doth not Solomon say, "Wherefore I perceive, that there is nothing better than that a man should rejoice in his own works; for that is his portion: for who shall bring him to see what shall be after him?" Doth not this justify the "six reasons?" Surely! And we rejoice with them.



But beneath the apparent froth and sparkle are to be found many chunks of something difficult to define. Here, you RECORDER reader, did you know—"that all Homœopaths are poets, actual or potential?" That's *you*. Also take this to heart and act. "It is high time the medical profession learned to speak out upon the numerous questions and vicissitudes that confront us as a people." Get that! The Allopaths have been filling the land with noise for many years, now it is time the medical profession, in other words, the Homœopaths, speak up. Sound doctrine!

These words which follow read as though from the "box office," but are O. K. and we maintain are applicable to the RECORDER also. Here they are, apropos of the future: "No longer will Street have to say, for the Quarterly's sake subscribe, or for the fraternity's sake, or for God's sake, but for your own sake subscribe, and the only sane reason you can give for refusing is that you are already on the free list." The box office tells us that the contributors are "strictly hand picked" and remarks of one of them, well known to the RECORDER's family, "The greatest living member of the tribe of Mitchell is still on our list—no sane editor would try to get out a Quarterly without him."

There is plenty of salt, tobasco and poetry scattered through the journal; at least we take it on faith that it is poetry being headed "poems." The page on "supererogation" is pleasing. For example, it is a work of Supererogation "Telling Copeland how to boom a medical college," "Inviting Haseltine to make after dinner speeches," "Appealing to Freddy to cheer for Harvard," "Nagging Ward to work harder for homœopathy," and much more to the same effect.

Finally and after mature deliberation, we have come to the conclusion that "The Quarterly" is a bird.

Sensitive to Sudden noises, *Borax*.

Do not forget *Berberis vulgaris* in stiff, painful back; lumbago.

Do not forget *Skookum chuck*, 2x or 3x, in the worst cases of skin diseases. It is wonderfully effective at times.

## ARE THERE ANY REAL HOMŒOPATHIC PHYSICIANS?

By Frank F. Casseday, Ph. B., M. D., Portland, Oregon.

During the last three years I have spent some money and a lot of time in the effort to find an answer to the question which heads this communication. At my own expense I have published a little Magazine called *Homœopathy and Health* devoted to the dissemination of knowledge of Homœopathy among the Laity. The plan used was to secure the co-operation of homœopathic physicians, and distribute the magazines through the physicians. There was no subscription price for the magazine and it was my thought and desire to place these little messengers to boost Homœopathy in the hands of physicians at cost to me, a few ads helping to reduce the price to the lowest point. The physicians co-operating have distributed the magazines among their townspeople free of charge.

A few loyal and earnest homœopathic physicians have helped in this effort. Some have started with the first issue and stood by to the present time, and have indicated their intention to stay with me to the finish. That bunch I call my Blue Ribbon Honor Men. They love the Cause and are willing to help the cause, and help themselves, because at heart they are loyal, earnest Homœopaths. One of my Blue Ribon men was a dear old pioneer, Dr. James Spence, 82 years of age. Dr. Spence lived and practiced on his farm in eastern Oregon some thirty years, and passed over last month. He helped to spread the gospel of true Homœopathy up to the time of his death, and in his letters to me he bemoaned the fact that real boosters for Homœopathy seemed few.

Some other men came in for a short spurt and dropped by the wayside.

Others started in with great enthusiasm, secured the co-operation of others, and fell by the wayside. Became disgusted because others would not help, and did not feel like paying out good money to help the other fellow, who was unwilling to contribute. Could hardly blame them for that decision.

A few asked the price and immediately lost interest. They

would be glad to be placed on the free list, but did not feel inclined to make even a small appropriation to help the cause and help themselves. This species is difficult to classify. A somewhat rare variety, and so far unnamed.

Some said they did not believe the old school were doing anything to injure Homœopathy, and as they belonged to old school societies and were probably allied with homœopathic societies for purposes of personal revenue only, the plan did not appeal to them.

A few were in mortal terror lest something be said in this Magazine against Vaccination as a preventive of Small Pox and Vaccine therapy, and refused to co-operate. Nothing has been said about Small Pox Vaccination. As to criticisms of Vaccine therapy the most of the drastic criticisms were quotations from old school physicians who aver that the medical profession is going or has gone mad over vaccines, and that vaccines as preventive measures almost invariably set up tuberculosis in individuals with a latent tendency towards the disease, and always weaken the individual. So these vaccine homœopaths refused to come in and help.

Some others decided that they should have a hand in passing on the material which went into the little magazine. Nothing was advanced to show that they knew anything about medical editorial work, or ever had any experience along that line, but as the editor was putting up the money and paying the bills, his keen sense of humor would not permit such an arrangement.

Others said if they lived they would help. They died. Others said they would send money by mail. The Government suspended delivery from that section.

Net result—A lot of assorted experience and some money. Ditto some valuable conclusions. A lot of letters from the laity commending the journal. Additional conclusion—There is more loyalty among the laity who believe in Homœopathic physicians.

What are the leaders of the American Institute of Homœopathy doing to place Homœopathy before the laity? A resolution demanding that all members of the A. I. H. quit old school societies was voted down at the last meeting of the Institute. An Irishman was once convicted for some offense and before

passing sentence upon him the judge asked if he had anything to say. "No, your Honor, I have nothing to say, but if you will order this room cleared of tables I would like to lick my lawyer." What force, or energy, or conviction can a man carry to the people about the truths or merits of Homœopathy when he is affiliated with the organizations which are devoting their best energies to exterminating Homœopathy. Men who serve two masters must, of necessity, be trained to one or the other. Such a condition of affairs in the A. I. H. is impossible. Let us have a fair count and separate the sheep from the wolves. I cannot get the viewpoint of these would-be straddlers. If they are trying to be all things to all men they are making a dismal failure of it. If they remain in the A. I. H. to help their personal revenue it is not a credit to them. If they remain as perfunctory Homœopaths to secure positions on health or examining boards as Homœopaths, when, in fact, their affiliations and preferences are all with the old school societies, then in this event they merit the contempt of all honest, right thinking men.

Are there any real homœopathic physicians? Yes, there are many, both in the homœopathic societies and out of them, but the control of most of the homœopathic organizations is in the hands of soft pedal, go-lightly Homœopaths, whose Homœopathy is as thin as skim milk from a thoroughbred Jersey cow. The rank and file of the A. I. H. have nothing to say about the organization, and have no voice in its management. It is partly due to indifference, and partly due to the great activity of certain self-appointed managers who have taken over the whole thing and run it to suit themselves. It has drifted far from shore. It does not represent true Homœopathy, the aggressive Homœopathy of the fathers, who nailed the flag to the mast and fought for it. It represents a lot of men, who run it and cater to old school ideas. If the A. I. H. is a national homœopathic society, let it be a homœopathic society, and not an apology to the old school profession of these United States. If any of the men prominent in the control of the A. I. H. prefer their allegiance in old school societies to the A. I. H. they should have the decency to get down and out. If I was an Episcopalian I would cut a fine figure as a member of the Roman Catholic Church. If I am



a Democrat and ask for a ticket in a primary to vote the Bull Moose ticket I would be bowled out. Let the rank and file of the A. I. H. go to the next Institute and take possession of the organization and run it as a homœopathic society, and demand that each member of the A. I. H. cut loose from old school societies. Let us be consistent, and see if we cannot do some real work for real Homœopathy instead of passing out the counterfeit variety tinged with old school fads and fancies. Many of the worst enemies of Homœopathy are within her own ranks. They must be weeded or smoked out before Homœopathy regains its pristine glory.

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#### SOME RECORDER COMMENTS ON THE FOREGOING.

Dr. Casseday, and all who think about starting journalistic ventures, ought to read S. S. McClure's Autobiography now running in the magazine bearing his name. The editor must *make* a place for his journal. To do this he must have a certain amount of money, but, above all, he must print a journal that the world is willing to pay for because it is interesting. Furthermore, no matter how good the cause or how interesting the journal the work must be kept up until the place is *made* for it. When the first number of the Homœopathic Envoy appeared there were less than a hundred subscribers came in, but today, in its 25th year, it has thousands of paying subscribers, who are found in all parts of the world. We regret that Dr. Casseday's journal failed, for we would like to see many brilliantly successful journals of Homœopathy, but they, like all others, cannot be made successful by appealing to "the cause" or by scolding. In this connection read what the "box office" man has to say, quoted in that "piece" headed "The Quarterly" in this issue of the RECORDER.

Now for the American Institute of Homœopathy. Years ago, when Gatchell was Secretary, we were present when a member, in the hotel lobby, opened on him about as Dr. Casseday does in his paper. Gatchell replied, "If you men do not like the way things are run why don't you attend the yearly meetings and put things straight? Your votes will be counted and not counted out." And, he added, in effect, that certain men made it a point

to attend all the meetings from a sense of duty, and they had to run things else the whole Institute would go up.

Our esteemed friends of the I. H. A. have "nailed the flag to the mast," but, homœopathic as they are, another and still stricter organization has grown up. What then? Why, it appears, that the broad gauge principles of the Institute are the only ones on which a big body of men can be held together; where the man who considers the 30th potency to be a crude drug can meet the man who will prescribe tinctures—meet him on the one fundamental, *Similia*. The man who does not believe in that fundamental is simply a donkey in the Institute, masquerading in the lion's skin. He may be tolerated, but is nothing but a donkey.

No one can deny that the late Dr. H. C. Allen was a stalwart, high potency Homœopath. Once in a pharmacy he asked for a certain remedy. "What strength?" asked the clerk. "The strongest," replied Allen. "The tincture?" queried the clerk who knew the purchaser, else he would not have asked what would have otherwise been a foolish question from a drug clerk. "No!" replied Allen, "the highest potency you have, that is, the strongest." Yet this man was a respected member of the Institute, and an influential one.

In conclusion, the RECORDER is of the opinion that every homœopathic doctor ought to be a member of the Institute, ought to attend its meetings, express his views and, if voted down, not grouch, keep out the personality and stick to the great principle, Homœopathy.

(The next meeting of the American Institute of Homœopathy will be held in Atlantic City, beginning June 27. Go!)

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## AN OPPORTUNITY FOR HOMŒOPATHIC PHYSICIANS.

International Homœopathic Council in re "*Bædeker's  
Guides.*"

*Dear Colleagues:*

After much trouble I have obtained word from a certain person connected with the great "*Bædeker's Guides*" that they will be pleased to insert more extensively any guaranteed names and ad-

*dresses*, which the International Homœopathic Council will place in their hands, of our colleagues who speak languages other than their own, so that the travelling public may learn where to turn for homœopathic aid when touring countries foreign to them. This is an important addition to the Guides.

Time does not permit me to tell how and why, but I have at last discovered a way, and in an interview late last night, between 9 and 10:15 P. M., I had their promise, so now it remains for the *societies* of various countries in Europe to send me at once the names of their *society members, whom they will vouch for*, who speak languages other than their own, chiefly, of course, English, French, German, Italian, Spanish, and they will then take these names and insert them as required in the various country guides as they issue new editions, and it is well to bear in mind that they are always compiling new guides, and so no time should be lost in sending me this data.

Care must be taken, and this was specifically named, that any man *must* have sufficient command of the foreign language, so that when consulted by travellers it will be found that such are capable of being thoroughly understood in and for the purposes of medical consultations, and any failures encountered by the travelling public (our patrons) will in all probability be at once reported to headquarters, and any wrong information will work untold harm in the long run, as it may entail the total eradication of all homœopathic names, etc., from the Guides.

It is also desired that societies shall name all the substantial homœopathic pharmacies and whether (and what) various languages are spoken at such pharmacies, other than the language of the country wherein situated.

I have drawn "Baedeker's" attention to the fact that our travelling patrons were not given proper information. It now lies entirely in the hands of our societies to give me the correct information, which should be sent to me, as I know where to place this information found after much trouble.

The list can be revised from year to year so that any colleague who does not now know a foreign tongue may "qualify" and in future be included, but the lists must be exact as presented, and vouched for by some society, where this Council cannot act as

sponsor. I plead with you to make this list as perfect as possible. This is a chance of the generation, so let us take full advantage of it. It may seem hard not to include some names of your prominent men in such lists, but this must not militate, or should not do so, against your sending in all the names of such as can qualify in this matter. I was called upon last night to make out a list of Russia, as that "Guide" was actually in the press, but it was thought that such data might yet be in time for insertion, so I made it and posted it at 1:30 A. M. with express stamps on the letter.

Other "Guides" are in revision, so send me data at once please.

Fraternally,

E. PETRIE HOYLE.

84 Holland Park, London W.

April 14, 1914.

## HINTS FROM AN OLD PRACTITIONER.

Editor of the HOMŒOPATHIC RECORDER:

### TONSILITIS SUPPURATIVE.

Where it returns either frequently or only occasionally on either or both sides. *Guaiacum* 1x, 20 drops in half tumbler of water, a teaspoonful at a dose, every half hour until the pain abates, then every two hours as long as needed. This applies only to the kind that suppurates and breaks.

### WHITLOW OR FELON.

If there is a specific remedy for this trouble, it is the ordinary lemon; no matter what stage, from its very initial start to when active suppuration is in full blast, the lemon will CURE it, for the first (2) two phalanges cut off the end of lemon and the fingers thrust into it; for the next phalange, both ends cut off and finger thrust *through* it; for any other part the whole lemon grated.

### BILIOUS DIARRHŒA.

What is called, commonly, bilious diarrhœa, mostly coming during hot weather, a diarrhœa that, no matter what the diet is, goes on, usually worse in the morning hours, and, mostly, the color of road dust. Motion aggravates it, as to the number and



frequency of the discharges, but rest does not relieve the steady continuance of it when apparently well chosen remedies fail: then take and "quarter" a lemon of good size, but do not quite sever it. Put it into a granite urn (or porcelain lined clay vessel) with one pint of water, let it simmer for, at least, six hours, all night will not hurt it: take from one to six tablespoonfuls at a dose, two to four times in 24 hours: as it boils down add water to keep a pint.

In regard to the use of the lemon in this class of diarrhœa, I have seen it cure cases that have been "the rounds" of the best homœopathic physicians of Pittsburgh (both high and low potency men).

It is one of the things that every M. D. ought to have in reserve, after he has done his best with the symptoms reduced to a remedy where the doctor uses his very best judgment in choosing his remedies and fails, *then* is the time to try the "Boiled Lemon."

You are welcome to use any or all of this in your language or mine, so that you give the facts of what I here state.

S. WOODS, M. D.

Grafton, Allegheny Co., Pa.

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## CURING CANCER WITH THE HOMŒOPATHIC REMEDY.

Many men are skeptical as to the possibility of curing cancer with the indicated remedy and it is to be feared that their number grows. Yet this has been done repeatedly in the past and can be done in the future by those who will break away from the hodge-podge that today passes for ultra-modern medicine.

Two cases of this sort were reported by the late Timothy Field Allen in the HOMŒOPATHIC RECORDER for January, 1901. Perhaps a little abstract of them may not be amiss today as a reminder of what the grandest science of medicine, Homœopathy, can do when applied by a master.

The first case was a wealthy lady. She had been in the hands of the most distinguished physicians of New York City who had performed operations and done the best they knew until the case was pronounced by one of them "hopeless," when it came to Dr. Allen. Now, aside from the appearance of the diseased parts, the

symptoms were these: "That about 10 or 11 o'clock in the forenoon the fever would begin to rise, the distress in her head would increase (the temperature increasing to about  $104^{\circ}$ ), associated with vertigo, loss of co-ordinated movements, increase of stupor, heat of the head, and entire absence of thirst, to be followed about 12 to 1 o'clock by slow subsidence of the fever, so that by afternoon or evening she became greatly relieved, the fever would almost entirely disappear, and before nightfall she would be able to lie down in bed and sleep; but the attack would recur on the following day at about 10 or 11 o'clock. This recurrence had taken place so regularly that the only remedy necessary to prescribe with any hope of success was *Gelsemium*, which it was advised to administer in the sixth dilution in half a glass of water." The remedy was given every hour while the fever lasted and discontinued when it abated. The effect "was as marvelous and unlooked for as could well be imagined. The next day the temperature did not rise above  $101^{\circ}$ , and on the third day the rise of temperature disappeared entirely and the patient felt well, and, indeed, within a week she seemed to be entirely cured. Within two weeks after that time the lady herself came to my office and showed me the malignant growth on her arm, which was very much less angry, and which finally dried up and dropped off, leaving a smooth surface, which was the end of that. The lymphatic glands became less and less inflamed, the tenderness disappeared, dresses could be worn with comfort, and that was the end of those symptoms. The vertigo in the head disappeared with the fever, she lost her stupid look and actions, her appetite returned, and these symptoms entirely disappeared. Within a few weeks the lady was out driving, and after three years there has been no return of any of these symptoms and she seems to have recovered so far that she feels perfectly safe in spending the winter on her estates in Cuba."

The second case was that of a New York lawyer, who was afflicted with a cancer of the tongue. Not to go into details it may be said that the *symptoms*, regardless of the nature of the disease, pointed to *Phosphorus*, which was given in the 6th potency and a startling cure followed. Dr. Allen adds, in *italics*: "Now, the ability to make such cures rests entirely upon the law of Homœopathy."

**MAGNESIA PHOSPHORICA.**

Editor of the HOMŒOPATHIC RECORDER:

I read with great interest the paper of Dr. A. C. Hermance on *Magnesia phosphorica*. Dr. Hermance's reference to Dr. Schüssler's prescriptions in the biochemical use of this remedy need corections, so that the clinical use of this tissue salt (not having had "*direct proving*") may be more satisfactory to the homœopathic physician. For this reason I offer the following statement, which, if compared with Dr. Schüssler's original text in the authorized translation, will prove the necessity of modifying to a certain extent Dr. Hermance's statements and so insure to the physician more gratifying results.

*Magnesia phosphorica* is contained in the blood corpuscles, in the muscles, brain, marrow, nerves, bones, teeth, blood plasma and intercellular fluid. The deficit of *Magn. phos.* brings on, as the chemical reaction, the antagonistic phenomenon of *Ferr. phos.*

If the deficit of *Ferr. phos.* caused a relaxation while *Magn. phos.* will cause a contraction. *Magn. phos.* therefore is, par excellence, a pain and cramp remedy. But here must be inserted a decided warning, not to use *Magn. phos.* for every pain. We must remember that in Biochemistry, as well as in Homœopathy, the pain in itself is a danger signal of the organism. The biochemist must never forget that the each time needed biochemical remedy if used in the proper way will, in preventing disease, prove to be the best pain remedy.

Regarding pain and cramps we must recapitulate from physiological chemistry the following facts:

The muscular, as, also, partly the nervous, pains must be explained as the result of accumulated ammonia in the affected parts.

*Magn. phos.*, having its place in the blood corpuscles and also in the plasma, has a special relation to the glandular system; and so we find this salt in scrofulosis to be a remedy against caseous detritus. It is also one of the chief blood salts and acts therefore in all true blood disease, as sepsis and all infectious diseases.

*Magn. phos.* stands clinically in such diseases in near relation to *Kali phos.* and *Nat. phos.*

The clinical relation to *Kali phos.* is the nearest. It must here suffice to state that *Magn. phos.* is the antithesis to *Kali phos.*, as I have shown in another place. *Magn. phos.*, clinically, represents the cramp as *Kali phos.* represents the paretic condition.

The face of the *Magn. phos.* patient will be that of a person expressing ailing, with quick mimic play of the muscles; color of face is white; in the eyes we see a furtive, anxious look. The skin of the face appears to be drawn tightly. The whole person appears thin, emaciated, lean, mostly of a light complexion, full of ambition, but easily tiring, of quick motion, slow in thinking, gesticulates much, so to say, to correct the slow flow of thoughts.

Mentally, as well as bodily, overpowered by the dictation of other people. More or less as a characteristic help for the beginner in true Biochemistry can be mentioned the following:

*Aggravation:* Soft touch, slow motion, moist warmth, restriction.

*Amelioration:* Hard pressure, dry warmth, quick motion, doubled up position.

The tongue is clean and dry! (Clean and moist, *Nat. mur.*)

The eventual pain (but not always) must be described as darting, spasmodic, burning.

We must always consult and compare: *Calc. phos.*, *Kali sulph.*, *Kali phos.*, *Ferr. phos.* and *Sil.* (*Nat. sulph.*, *Nat. phos.*)

Further, it must be added that under circumstances (especially in eye diseases) *Kali mur.* must be considered in the differentiation for the selection of the right remedy—as a *pain remedy*!

In absence of thorough provings Homœopaths should use *Magn. phos.* according to the science of Biochemistry as expounded by the late Dr. Schüssler.

*Magnesia phosphorica* in Biochemistry has the following range of action: Blood, muscles, nerves, lymph, bone, skin and connective tissues, will cure various cramps, scrofulous processes, caries, relaxed conditions, hypertrophies, septic conditions and fevers.

ERIC VON DER GOLTZ, M. D.

New York, April, 1914, 205 E. 72d Street.



**ATTENTION SOUTHERNERS. ALSO YE NORTHERNERS AND EKE YE MEN OF THE WEST.**

Danville, Va., April 2, 1914.

*To the Members of the Southern Homœopathic Medical Association:*

It is with both pleasure and pride that I announce the Bureau Chairmen, who have so far accepted their assignments for the session in Baltimore next fall.

At the head of the list, where he belongs, stands that stalwart Similia, Dr. J. B. Gregg Custis, of Washington, D. C., who will head the Bureau of Homœopathy and Propagandism. This assures us something interesting in that ever important subject. Following, comes an array of good men that are peer to any set who have ever attempted to provide a programme for any society:—Materia Medica, Dr. Wm. A. Boies, Knoxville, Tenn.; Pedology, Dr. A. L. Smethers, Anderson, S. C.; Obstetrics, Dr. Spencer R. Stone, Atlanta, Ga.; Ophthalmology and Otology, Dr. M. B. Coffman, Richmond, Va.; Clinical Medicine, Dr. F. A. Reed, Eustis, Fla. The Bureau of Surgery has not yet been filled, but I hope will soon be.

If this set of men fail to provide a programme that will eclipse anything ever heard in our society, then I will be dreadfully disappointed. Besides the brethren in Baltimore have rallied to our support and appointed a committee of twenty-five men to look after our creature comforts and the community will furnish a nice audience for our men to address. The colleges are expected to have representative displays there and good men from their faculties will address the meeting.

It is with regret that I am compelled to announce the resignation of our genial secretary, Dr. J. Burnie Griffin, of St. Augustine, Fla., who, owing to the demands of a large and lucrative practice, found himself unable to give to the society the time its work required. Our egret at losing his valuable service is tempered by our pleasure at his success. Dr. J. L. Jennings, of Danville, Va., has been appointed secretary and will give prompt attention to any work in that line.

The Local Committee of Arrangements is headed by that

hustler, Dr. H. M. Stevenson, of Baltimore, and that is sufficient assurance that we will be well looked after at that end. Altogether we feel sure that we are going to have the best meeting we have ever had.

Fraternally,

H. E. KOONS,  
*President.*

J. LEONARD JENNINGS,  
*Secretary.*

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### AN ARGUMENT AND A CASE OF EARACHE.

Editor of the HOMŒOPATHIC RECORDER:

A gentleman friend of mine made a social call on me one day and during our conversation he undertook to show me how I was deceiving myself in practicing Homœopathy. He said that the dose was too small to be of any value to the patient and, therefore, if the patient derived any benefit it was entirely through mental impression on his reasoning with himself, that what I prescribed could not but do him good. I asked my friend if he had seriously given this subject careful thought, to which he answered that he had: well, then, said I, let us see: Babies have cholera infantum, which, of course, you know is a very serious disease. I have treated many of them and cured them with homœopathic medicine, which did not contain more than the ten thousand part of a grain to each dose. Now, I said, will you kindly tell me how much thought this baby put into the fact that this medicine would help him to get well? The gentleman looked at me for a few minutes, apparently in deep study. He then took his hat and withdrew from my office and never returned.

It was too bad to knock him out at the first round, but then something had to be done.

Experience No. 2.

A messenger rushed into my office one day and asked me to go with him to see a man suffering from earache. I grabbed my medicine case and, at the same time, slipped a small bottle of *Hamamelis* extract into my pocket. We were soon at the bedside of the patient and sure enough it was a bad case of earache. Tears was streaming down his face and I could see that

he was in agony. I called for a syringe, and a cup of very warm water, in which I put two teaspoonfuls of the extract and very soon was syringing this into his ear. It certainly was not five minutes before the patient was asleep. The pain had vanished and the family were happy. I have used this same preparation in the same way for more than twenty years with the same result.

CHAS. C. CURTIS, M. D.

Glendale, Calif., Jan., 1914.

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### MEETING OF THE MARION COUNTY (INDIANA) HOMŒOPATHIC MEDICAL SOCIETY.

The regular meeting of the Marion County, Indiana, Society was held in Indianapolis, on March 18th, Dr. George in the chair.

The regular order of business was waived that a paper with demonstrations by Dr. Clifford Mitchell, of Chicago, might be heard.

Dr. Mitchell had for his subject the Nephritis and Toxemias of Pregnancy and gave the results of original work in these conditions in which he has been engaged, with the collaboration of Dr. Gilbert Fitz-Patrick, for several years.

Dr. Mitchell, in addressing the large attendance composed, not only of Homœopaths, but of representative men from other schools, as well drew attention to the fact that some women might have convulsions or other toxic manifestations during one pregnancy, yet escape them during another; on the other hand, some women manifest a toxic tendency which grows progressively worse in subsequent pregnancies, until, finally, the patient becomes a victim of chronic kidney lesion.

Hence the importance of differentiating the cases, distinguishing, if possible, the hepatic or placental toxemias from the kidney ones.

The paper was largely occupied with discussion of the means by which we can tell whether a woman will suffer during subsequent pregnancies after trouble in the first one.

Dr. Mitchell laid special stress upon the value of the ratio of urea to ammonia in differentiating hepatic toxemias from kidney

ones. In the hepatic cases the ratio of urea to ammonia is invariably lowered, in some cases going as low as 5 to 1 or even lower, while in the real nephritic cases no such extreme lowering of the ratios is observed.

Again, the hepatic or placental toxemias are essentially acute in their manifestations, whereas the kidney ones tend toward chronicity in symptoms and course.

Dr. Mitchell had apparatus with him by means of which he showed the simplicity of the chemical processes by which urea and ammonia are determined in the urine.

The paper roused great interest and the discussion was enthusiastic and long, the clock pointing to eleven or after before the chairman felt obliged to call a halt. Even then a number of members had not been heard from.

The discussion was opened by Dr. W. E. George, who spoke of the definite indications brought out by the essayist, and the addition to our knowledge derived from the coupling of increase of ammonia with decrease of urea in the toxemias of pregnancy.

Dr. Best spoke at considerable length. He drew attention to the theory of Mitchell, of Fort Worth, Texas, that the toxemia of pregnancy is due to a disturbance of the calcium content in the mother, and that calcium lactate in five grain doses is helpful in such cases.

Dr. Ogle had made analyses of the urea and ammonia in a number of cases of pregnancy and thus far had been able to verify Dr. Mitchell's statements in regard to the ratio in favorable cases.

Dr. W. B. Stewart gave particulars of several cases which he had attended and drew attention to the severity of the conditions the physician has to deal with. He was greatly interested in the new developments which chemistry was opening in the urine and thanked the essayist for his work in that direction. He spoke of the good work done in vomiting of pregnancy by the homeopathic remedies, *Ipecac*, *Nux vomica* and *Pulsatilla*.

Dr. Taylor discussed the paper learnedly. He was inclined to agree with the essayist in the contention that the nephritic cases are due to infection rather than toxemia. He spoke of the great number of possibilities of infection which may be found during



pregnancy. Not only are tonsils, adenoids, etc., a source, but chronic appendicular processes, gall bladder conditions, and pancreatic lesions may be a cause of danger. He praised the Cesarean operation as a humane and conservative measure, and predicted that it would be used more and more in the future.

Dr. George, the President of the Society, laid stress on hardness of the os as a forewarning of danger in his experience.

Dr. Haggard was greatly interested in the references to pernicious vomiting made by the essayist. He spoke of such vomiting as rare in his experience and was desirous to know of its relation to toxemia.

Dr. Stewart was interested in the differentiation of hepatic toxemia from infection insisted on by the essayist. Edgar and others lay all the cases to hepatic toxemia, even including the kidney changes, acute yellow atrophy of the liver, etc.

Dr. W. B. Clarke questioned the likelihood of infection from tonsils in one case mentioned by the essayist in which the patient was 38 years old. He also thought that more specific directions were needed for the treatment of the cases.

One of the members whose name we did not learn thought that the age of the patient had not much to do with diseased tonsils and spoke of cases in which diseased tonsils had been found in patients as old as fifty.

Dr. Mitchell, in summing up, laid stress upon the necessity of differentiating true nephritic cases, the result of infection from the hepatic or placental toxemias and insisted that the lives of many women had been sacrificed in the past by failure to recognize the purely nephritic lesions which lead with repeated pregnancies to chronic-incurable Bright's disease.

Dr. Mitchell was invited to Indianapolis by Dr. Sollis Runnels, whose guest he was during his stay there.

## CLINICAL EXPERIENCES OF SOME LESSER USED REMEDIES.

By Harold Fergie Woods, M. D. Brux., M. R. C. S., L. R.  
C. P. Assistant Physician to the London Homœo-  
pathic Hospital.

By "lesser used" I do not necessarily mean rare. Of course, the term is a comparative one. Each of us may use some remedy that very few others do. But I mean remedies outside the polychrests, remedies, perhaps, that have not been so well proved as many that we use every day, and remedies (most of them) that cannot be prescribed on "generals" (probably on *account* of lack of sufficient proving), but have been employed on account of one or two striking symptoms.

A young lady came to me for irregular menstruation. She had two very well marked symptoms, neither of them connected with menstruation, which, together, led me to a remedy I had never used before. One symptom was a severe burning pain in the stomach after each meal, and the other was frequent dreaming of cats, black cats. A remedy that has both these symptoms strongly is *Daphne Indica*. One dose of this remedy in the 30th potency cured both the above mentioned symptoms, and neither has returned since, that is, after several months. I must say that *Daphne* did not relieve her menstrual trouble at all. In Hering's "*Guiding Symptoms*," the action of this drug on the female sexual organs is not mentioned. Perhaps there were no female provers. After trial of several other remedies for the menstrual irregularity, this eventually yielded to *Sepia*.

*Daphne Indica*, or *Daphne odorata*, must not be confused with *Daphne mezereum*. In Kent's *Repertory*, *Daphne Indica* is the only remedy mentioned in italics for the symptom "dreams of cats," and the sole remedy (though in ordinary type) under the rubric, "dreams of black cats."

I may say, when coming across an unusual symptom such as this, I always ask the patient if there is any known cause for it. In this case I made sure that the patient had never had much to do with cats and had never been frightened by one. If such *had* been the case, the value of the symptom would have been considerably discounted.

*Capsicum* is a remedy that some of us have probably used more than others. The case I wish to mention was that of a man, aged 32, who had been attending some time for chronic phthisis, improving steadily under *Phos.* He one day developed severe sciatica on the left side, the pain being worse from coughing, worse lying on painful side, worse first motion, afterwards relieved by motion, worse bending backwards, relieved by drawing up the knee. Someone had given him *Rhus tox.* with very little, if any relief. A few doses of *Capsicum* 200 cleared it up entirely. *Capsicum* is one of four remedies under the rubric "Sciatica, < coughing," and is in italics. *Capsicum* is the only remedy (though in ordinary print) under the rubric "Sciatica, < bending backwards." This is an unusual symptom, the reverse of what one would expect, and so very valuable. But the rubric "Sciatica, > drawing up knee," does not contain this remedy. This case impresses one with the fact that in treating a case of pain in the limbs, it is better not to prescribe on or lay much stress on the modality "< first motion, > continued motion." Other remedies than *Rhus* have it, and after all it is a common symptom, capable of easy explanation.

I have had two rather good cases of chronic headache cured with *skimmed milk* (*Lac defloratum*).

One, a woman, aged 49, had been attending me in the out-patient department of the London Homoeopathic Hospital for nearly two years for this complaint. She had had chiefly *Sulph.*, and *Lach.*, with practically no relief. She then came to my house, and having, I suppose, more time to go into her symptoms, I found the remedy that appeared to cure her immediately.

The headaches she had had *all her life* and every week. They began over the eyes or on the bridge of the nose, and spread to the occiput; were < light, < noise, < motion, < at M. P., > tight bandage. They were pulsating in character. Last, but not least, they were accompanied by copious urination—not coming at the end of the headache and relieving it, as in *Gels.*, but continuing all the time the pain was there. The only remedy in Kent's Repertory in this rubric that is in black type is *Lac def.* Immediately she was put on this remedy the headaches practically ceased. She had one dose of the 30th on July 18, no more till

October 9, when she got one dose of the 200, another on January 1. Then a 1m on February 8, and another on April 9. A cm. on May 27, and another on September 17, and no headaches now for seven months, though she has had *Sulph.* and *Lyc.* for digestive troubles. .

Some time ago I had a patient with constant intense pain in the arm (left, I think), which was relieved by hanging down. In the night she hung the arm out of bed to get relief. Now, I have often noticed that when a remedy has a certain very striking symptom or modality, it will often cure the exact *opposite* of that symptom or modality. For example, *Lycopodium*, which has very strongly "desires for sweets," will often cure when there is a strong aversion to or aggravation from sweets.

In this case, as I could find no remedy that had *relief* from hanging arm down, I chose one that had very markedly *aggravation* from hanging down—*Vipera*—and *Vipera* 30 cured the pain.

I should like to know if any one present has had any experience with violet leaves in the treatment of cancer. I have a patient with inoperable cancer of left breast who has had the disease now about three years. For some time *Sepia* kept the growth down, then nothing seemed to hold it. The patient's friends and relations, as in all cases of this sort, insisted on her trying every cancer cure out. She had injections of cuprase and electroselenium, which made her worse. *Radium* caused great aggravation of her mental and physical depression without ameliorating the growth. The potassium treatment caused insufferable melancholy. She even tried the Delvine treatment without any benefit. Then I determined to try violet leaves. An infusion of the freshly gathered leaves was made, and a small wineglassful drunk twice a day; three or four violet leaves were also taken in salad every day. After a week or so, great relief was experienced. All pain left, the growth seemed to shrink a little, and the patient felt very much better in general health. But soon an itching commenced in the breast, which quickly became intolerable, giving no rest at night. *Conium* 30 relieved this a little, but the violet leaves had to be discontinued, and any attempt to resume them, even in much reduced dose, met with



the internal itching at once. I made a 6th centesimal potency from the infusion, but this had the same effect. Then I gave *Viola odorata* 200 (single dose), with still the same amount of itching following; so very reluctantly we had to abandon violet leaves. It is interesting to note that apart from *Conium* instant relief was always temporarily obtained from the intolerable itching by application of an ointment made from the violet leaves.

Since then I have tried *Taraxacum*  $\theta$ , which has been recommended in cases of cancer, but it began at once to produce the same itching of the breast.

The patient is now on *Phos.*, which helps a little. But if I could have avoided the itching, I believe the violet leaves would have caused the growth to be checked for some considerable time.

Did I give too much at first, and render the patient permanently sensitive to that remedy? She is unusually sensitive to the action of medicines.—*British Homœopathic Journal*, April, 1914.

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### A NEW ANGLE FOR GERMS.

The following is clipped from a long editorial in the *Journal A. M. A.*, and is respectfully referred to whom it may concern (see J. A. M. A., Mar. 28, p. 1021):

"Variations and transformations in the biologic characteristics of different species of bacteria have been noted by many observers. The changes noted earlier pertained to minor characteristics of the organism, such as variations in virulence, capsule formation and fermentative power, but recently reports indicate that characteristics which have been regarded as essential to the identity of the species have been so modified through environmental conditions that, if these changes are verified by further experimentation, we shall be led to question the permanence of bacterial species."

\* \* \*

"By various combinations of these conditions, organisms isolated from a wide variety of sources, including pneumonia, erysipelas, scarlet fever, puerperal sepsis, arthritis, tonsillitis, cow's milk, etc., were so completely changed in character as to correspond in every detail to the description of other cocci than the one with which the experiments began."

\* \* \*

"It is clear that these results, if accepted, have a wide significance, not only with respect to the causation of certain infectious processes, but also with respect to their treatment."

In short, it looks as if what claims to be Scientific Medicine, based on bacteriology, were groping in a sort of London fog, where its head could not see its feet.

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## THE DOINGS OF MEDICINE.

Some of the big journals are beginning to take notice of the medical enthusiasts and would-be reformers, as witness the following from the London *Saturday Review*:

"Most of the talk at conferences of doctors, sanitary 'experts,' eugenic enthusiasts, lunacy specialists and others, is wildly and obviously fabulous, though rich in apparently unimpeachable figures. It is fiction, different only from Mr. Wells' in being mainly unreadable. All these appalling percentages as to the 'physically defective,' the 'morally irresponsible,' the 'feeble-minded'—what do they mean?

"One must first have some definition of physical defect, moral flightiness, weakness of intellect. Almost every great man one can think of would be condemned by some congress or other. Johnson, Byron, Pope, Napoleon, Cæsar, Luxemburg, Clive, Pitt, Peter the Great—the list could be prolonged indefinitely—were all 'defective' in some way. Few men or women go through life without a sharp consciousness of bodily imperfection. They are either very happy or very stupid who are perfectly satisfied with the quality of their wits, and the human being who has never felt himself a sorry caitiff must assuredly be one. Of course, figures come to the aid of the optimist just as efficiently as they subserve the purpose of a settled gloom. Everyone is familiar with the formula: 'The statistics might seem at first sight to provide food for reflection of a disquieting character, but when it is remembered that before 1902 it was not incumbent on practitioners to notify,' etc., etc.

"In short, it is just as easy to prove a steady advance in physique, intellect and character as it is to satisfy the nation that it is chiefly made up of puny and vicious imbeciles."

## THE PRESENT EVIDENCE FOR AND AGAINST THE USE OF TUBERCULIN AS A SPECIFIC CURE.

By H. B. Shaw, M. D., F. R. C. P.

(The above is the title of an Address delivered by Dr. Shaw before a section of the British Medical Association, the Address itself being the leading article in an issue of the *British Medical Journal*. The evidence "for" is given in Koch's own words. The "against" is given as Dr. Shaw delivered it, omitting the last part of the address which is but a sort of corollary of what is quoted below. It may be interesting, both to those Homœopaths who are "for" or "against" hitching their wagon to the erratic allopathic star, a star that even its most ardent admirer cannot call one of the fixed stars of science as is Homœopathy. EDITOR OF THE H. R.):

Now, this definite statement of the actual bringing the disease to a standstill, or of the favorable influence upon tuberculous lesions in guinea-pigs, coming from such an authority, ought only to be questioned with the greatest care. There is no need to recall the stir made by subsequent papers, in which marvellous cures in men were announced, because of the many disastrous consequences to life which also were so obvious. It is said now that too great doses were given and the wrong cases were treated. These statements have been repeated all over the world, and it must be admitted the swing of the pendulum has brought tuberculin into use again.

But what has happened with regard to the original experiments? Has any one been able to repeat Koch's experiments, and show that an infected guinea-pig can be cured by the use of tuberculin (T. A.) or the second tuberculin (T. R.), or the third tuberculin (B. E.), or albumen-free tuberculin, or bovine tuberculin, or tuberculin derived from avian or other sources? Has it ever been successfully essayed to cure cattle of tuberculosis by such means rather than slay them because they have been proved to be tuberculous by the tuberculin test? Is it not a certainty that if bovine tuberculosis could be cured by the use of tuberculin, its use for such purposes would be world-wide? On the

contrary, we hear of numbers of cattle being slain in order to stamp out the malady. We even hear of cattle being "doctored" so that they will not give the tuberculin test, and so be saved from destruction. If it were proven that tuberculous cattle could be cured by vaccination by means of tuberculin, we may be quite sure (1) that it would be widespread in veterinary practice, (2) that the whole medical profession would have adopted it with very little hesitation, and they would have been justified. But where are the reports on cattle which should make us at ease on this point? Frankly, they do not exist. There are many reports dealing with the preventive treatment of calves by means of tuberculin, but even that important question cannot be satisfactorily answered because of fallacies which in part beset Koch's own original investigation. Supposing a calf does not give the tuberculin test, and therefore is considered to be free from tuberculosis, and a prophylactic course of tuberculin is given to it, and it neither yields a tuberculin test eventually nor becomes tuberculous, how can any one argue from such data that the apparent freedom from tuberculosis is a reality, when it is known—

(1) That an animal may cure tuberculosis spontaneously (and yet give a tuberculin test) ;

(2) That it may be tuberculous and yet not give a tuberculin test, and

(3) That the undetected tuberculosis that it may already be burdened with may be (see Koch's experiment) the reason why it cannot be reinfected?

These facts have plagued veterinary surgeons to such an extent that there is not unanimity amongst them as to the value of the evidence for using even prophylactic vaccination in calves, and it also explains why there is no attempt to vaccinate tuberculous cattle in order to cure them. Can it be wondered at that the medical profession is not unanimous in its advocacy of the present fashion for curing tuberculosis with any form of tuberculin administered in any particular method? Contemporary textbooks and guides to the use of tuberculin do not face these difficulties of comparative therapeutics, and one well known one is a standing example of the troubles caused by Koch's un-



confirmed experiments—on one page it makes out that when the tuberculous guinea-pig was injected with subsequent doses of tubercle bacilli the ulcerating wound formed where the *first* injection was made, which caused the guinea-pig to become tuberculous, healed as a result of the second injection, and yet on a later page the author says it was the small superficial necrosis of the *second* site of inoculation which healed.

To sum up the evidence in favor of the allegation that tuberculin can cure a tuberculous animal, whether calf or guinea-pig, there is *no evidence but Koch's*. Bandelier and Roepke admit that they must confess that the healing of infected guinea-pigs and rabbits, by means of tuberculin preparations, has been accomplished by only a few authorities who have been engaged in such extremely tedious studies, and shield themselves from criticism in this direction by saying that rabbits and guinea-pigs are such unsuitable animals to work upon. And yet these two authors, like all others who advocate the use of tuberculin, set out in full the details of Koch's experiments which led to the introduction of tuberculin and say that the basis of its use is these self-same experiments on guinea-pigs. What has been said to be a proof is entirely nullified by the fact, admitted by bacteriologists, that both varieties of animals may be spontaneously tuberculous and may spontaneously cure themselves of the tuberculosis, and yet this cannot be established until after the death and complete dissection of the animal. If this is the case with guinea-pigs and cattle, the lives and deaths of which can be so fully observed and encompassed, it is just as certain with regard to human beings, who, like the animals, may be tuberculous and yet yield no test, chemical or otherwise, that they are.

To many physicians the result of animal experiments is quite enough, or shall we say the difficulty of establishing or not the fact of tuberculous disease in animals is great enough to make them set their faces against the practice of using tuberculin to cure human tuberculosis? And yet hard things have been said about withholding tuberculin from tuberculous mankind. The pendulum has swung back in favor of using tuberculin again; but it is even more impossible today than it was in the years immediately succeeding 1890-91 to quote evidence in support of Koch's experimental results.

## HEROIN.

The following is taken from a paper by Fyfe in the *Eclectic Review*:

"Heroin at the time of its discovery was heralded as a therapeutic agent of inestimable value to the human race, and the same may be said of cocaine, but on the contrary they have proven the greatest curse of the present age. This statement is a broad one, but facts easily obtained fully justify the assertion. When properly employed under the judicious care of a conscientious physician they are of some usefulness, but no man or woman who gives to a patient a prescription containing either of the drugs named can truthfully claim to be such. These drugs wreck the lives and turn human beings into degenerate animals of the lowest class.

"A youthful criminal recently arrested for murder confessed to daily using large quantities of heroin, and said that human life appealed to him 'no more than insects I wanted to kill'—that heroin was his daily guide, counselor, friend and inspiration.

"Judge Edward Swann, of the New York Court of General Sessions, declares from his experience in dealing with thousands of cases, that heroin and cocaine are the drugs which spur on irresponsible youths to commit crime. 'The gangster is a coward at heart,' said Judge Swann, 'but give him heroin and fear leaves him, and there is no crime, as a matter of record, that he has not committed.'"

Very true, as heroin and cocaine are used, but in the hands of men who possess the key to the science of therapeutics these and other accursed drugs are mighty agents for good, but they are not given in "physiological doses." Some one ought to gather up the symptomatology of heroin, for in potency it ought to be a mighty drug in mental states.

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## "WHAT IS SCIENTIFIC MEDICINE?"

Being an extract from a paper by Dr. James Krause, of Boston, in *N. Y. Med Times*, Nov.:

According to Dr. Bassler, the laboratory is establishing medi-

cine on a scientific basis. With him the laboratory is a modern institution. The fact is that the laboratory is as old as the clinic. The laboratory is the workshop of the clinic and has been used for experimental discovery and experimental proof ever since medical men have performed experiments, have examined parts of clinical wholes as parts of clinical wholes. Hahnemann was a laboratory worker. His work was strictly experimental work. Hahnemann experimented on his body, while Morgagni worked in the dead house. Bichat in the anatomic room, and Virchow, Pasteur and Koch were yet to come. While Auenbrugger and Laennec put into our hands methods and tools of precision for the observation of disease, Hahnemann put into our hands methods and tools of precision for the treatment of disease. The laboratory does not deal with the patient as a unit, but deals with parts and products of patients as units. What is true of a part is not necessarily true of a whole. For science, the human mind must perceive and associate identical factors with identical factors, wholes with wholes and parts with parts. The laboratory cannot, of itself, establish medicine on a scientific basis, and, what is more, is not, in spite of Dr. Bassler's assertion, "establishing medicine on a scientific basis." For scientific medicine, dealing as it does with medical and surgical phenomena through observation, experimentation and reasoning, reasoning by induction for generalization and reasoning by deduction for verification or proof, mere laboratory experimentation is insufficient. Observation of facts and association of facts, perception and ratiocination, enter into the making of science, and observation and association of medical and surgical facts enter into the making of scientific medicine.

Scientific medicine is too big to depend for its establishment on the laboratory, on factitious experimental observation alone. Observation outside the laboratory will also have something to do with "establishing medicine on a scientific basis," and rational methods rather than the guesswork and groping of empiricism will have to play their part in scientific medicine. I confess I cannot tell what "regular medicine" is, of which Dr. Bassler speaks. Scientific men acknowledge only one kind of medicine and that is medicine which gives correctness, certainty, complete-

ness for medical and surgical practice. To obtain genuine correctness, certainly, completeness in the practice of medicine and surgery we must know all the methods of medicine and surgery, we must know their indications and their limitations, we must know what we can do and what we can not do, we must acknowledge and assimilate the truths of medicine and surgery.

When scientific medicine will emerge from the present chaos and will be established, we shall find, I believe, that water, electricity and other physical agencies as well as psychic suggestions, will remain useful adjuvants in medical and surgical practice; that professors of clinical medicine will distinguish between temporizing medical adjuvants and permanent methods; that the serious scientific nature of Homœopathy as the medical method of symptomsimilarity will be recognized, taught and practiced everywhere; that Hahnemann, and no other single medical personage, will be acknowledged to have ushered in the modern era of scientific medicine, for scientific medicine has pathology as its preliminary only and therapeutics as its ultimate, and it was Hahnemann, and no other medical personage, who made it possible to diagnose drug remedies as well as diseases by their manifestations in the human body, who gave the practice of medicine such a degree of certainty, precision and completeness as was not known before his time.

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### NEURASTHENIA.

The *Lancet*, editorially, says: "To-day the term 'neurasthenia' is a well-worn one. It sprang into being 30 years ago, or more, to signify a morbid condition as old, we may well believe, as human life itself, and after having been in circulation for the better part of half a century its serviceableness as coin of the realm of current thought is by some being called in question. An exact definition of neurasthenia is still to seek. The fact is that neurasthenia stands for a state or a symptom complex which is neither specific nor pathognomonic, yet none, we imagine, will dispute the usefulness of the term. Its usefulness, indeed, has been its undoing, for it is freely applied to pathological states that differ widely in their causation and prognosis. The earliest writer to popularize the expression seems to have been aware of



its seductive comprehensiveness: among the signs of 'American nervousness' specially worthy of attention he included 'the unprecedented beauty of American women' and 'American oratory, humor, speech and language!' A revision of the whole conception is a task which the medical profession ought to face, for confusion obscures truth, and hesitation both in the matter of formulating a definition and, clinically, in reaching a certain diagnosis can only mean that our ideas on neurasthenia are not clear."

## REPORT ON THE QUESTIONNAIRE OF THE HOMŒOPATHIC MEDICAL SOCIETY.

The two questions asked were as follows:

(1) Do you approve of the examination and grading of homœopathic medical colleges by the American Medical Association, its councils or committees?

(2) Are you in favor of a separate homœopathic board of examiners in Illinois (as in various other states) for the license to practice medicine?

Number of copies of questionnaire sent out .....	800
Out of town, approx. ....	300
Chicago .....	500
Number of answers received .....	486
Out of town answers .....	207
Chicago answers .....	279
Per cent. of answers from out of town .....	69
Per cent. of answers from Chicago .....	55
Total number unqualifiedly opposed to A. M. A. and in favor of separate Hom. Board .....	412
Per cent. unqualifiedly in favor of the homœopathic in- dependence .....	85
Total number against inspection by A. M. A. ....	474
Per cent. of total answers against A. M. A. ....	91
Total number in favor of separate homœopathic board ....	429
Per cent. unqualifiedly for homœopathic separate board. ....	88
Total number of those opposed to one or both questions, or imperfectly replying or unintelligible or guardedly answering .....	74
Per cent. of such .....	15

These figures would seem to indicate that the out of town men took more interest than the Chicago men, and also that the total number of "flat-footed" homœopaths in Ill. was much larger than supposed, 411 out of 485 being unqualified in their vote.

The per cent. of "flat-footed" ones is exactly the same in both city and country.

The opposition to the A. M. A. is greater than the desire for separate homœopathic board, only nine per cent. of the total answers favoring inspection by the A. M. A.

The number unqualifiedly in favor of A. M. A. inspection and of the present State Board system is only 19, or a little less than four per cent.

This last figure most emphatically rebukes the statement of the old school that the homœopathic ranks are split in Illinois.

The result is, in other words, a most gratifying proof of homœopathic unanimity.

Respectfully submitted,

CLIFFORD MITCHELL, *Chairman.*

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June, 1867, was called to visit Robert, a lad of sixteen, had been sick a year. Three or four physicians, in turn, had treated him, but without benefit. He was slender and very much emaciated, though able to dress himself and walk about. The case presented the following symptoms: Some appetite for food, but as soon as he ate, no matter what, it soured and regurgitations commenced. He spit it up by mouthfuls, as he expressed it, "sourer than any vinegar." After his stomach was emptied he had a terrible pain and uneasiness, which lasted one or two hours. Every time he ate there was the same repetition of symptoms. Bowels moved some, not costive. Gave *Calc.*, *Carbo veg.*, *Sulph. acid*, *Sulph.*, and other remedies in succession for four or five weeks, with no benefit. The boy was growing weaker, and I began to despair of curing him. I now observed his pulse was very slow, and he had a cold and blue look, and the surface and extremities were cold. This led me to think of *Digitalis*, and, on comparing the stomach symptoms, I found it just the thing. Gave it to him, and the effect was like magic. In a week he was nearly well.—*Dr. J. L. Gage.*

## THE SPECIALISTS' DEPARTMENT.

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EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

### OUR CONTRIBUTORS.

It is with no little pleasure that we announce to our readers that Dr. Gregg Custis Birdsall, of Washington, D. C., has been added to our list of contributors. Dr. Birdsall is a well-known pathologist and is secretary this year to the Bureau of Clinical Medicine and Pathology of the American Institute of Homœopathy. He contributes to the *RECORDER* for this month a note on an improvement in technique in the Widal reaction.

### THERAPEUTIC NOTES.

**Intercostal Neuralgia.**—This condition is often an annoying one, especially in the case of women. Askenstedt, of Louisville, advises Abram's method of treatment, namely, heavy percussion for five minutes with a plexor, or fist, of the spinous process over above the intervertebral foramen.

**Lumbago.**—This condition, although not dangerous, is often serious in that it may prevent a person afflicted with it from working at his vocation. Dr. J. F. Wharton, of Homewood, has proved the value of Osler's method of treatment by acupuncture. Wharton proceeds as follows: using any straight sterilized surgical needle, the patient with the face down is placed upon a table and the needle pushed deeply into the lumbar muscle, the aim being to penetrate the muscle fibers. The treatment relieves in a few minutes, whilst the medicinal treatment may require some days.

**Ovarian Cysts.**—Dr. B. A. McBurney, of Chicago, has this to say: "It is important not to rupture ovarian cysts during operation, as the contents of one cyst may be sterile, while the contents of another in the same ovary, at the same time, may contain infectious germs.

Ovarian cysts may become infected from abscess anywhere in the body, but especially by pharyngeal abscess. Infection is carried by blood stream. In a case seen, a girl 28 years, had a cyst full of pus containing pure culture of typhoid bacilli."

**Hyperthyroidism.**—A new sign of hyperthyroidism as practiced in the Mayo Clinic is the examination for weakness of the thigh muscles, especially the quadriceps extensor.

A chair about 18 inches high is placed in front of the patient, who is told to mount the chair without the help of his hands; failure to do this is thigh weakness and is an additional symptom of thyroid intoxication. (McBean).

**The Widal Reaction.**—Dr. Gregg Custis Birdsall, of Washington, has improved the technique of the Widal reaction as follows: "Here is a new method of collecting blood for Widal reaction. Place in a vial, one dram of sterile saline solution. When six drops of blood are added to this, we have a dilution of about one to ten and when ten or twelve drops are added there is a dilution of one to five. The red corpuscles are removed by centrifugalization and the supernatant fluid represents an accurate dilution of blood serum with which the test can be made.

"I do not know that I am the originator of this method, but have never heard of anyone else using it. Physicians doing this line of work will find it both convenient and accurate."

**Value of the X-Ray Examination.**—Emil H. Grubbe, B. S., M. D., of Chicago, says:

"The extra knowledge brought out by means of an X-Ray examination is worth a great deal.

"In bone diseases it localizes the lesion; gives an exact idea of its size, depth and extent and consequently makes more accurate, not only the diagnosis, but what is of more importance, our treatment and prognosis.

"Even though a practitioner of wide experience and great ability can make fairly accurate diagnoses, in many of the bone diseases, the X-Ray should always be used to confirm the ordinary opinion diagnosis.

"Such procedure conduces to confidence on part of the patient and also tends to protect the surgeon against a malpractice charge."



**Pregnancy Complicated With Fibroid.**—Dr. L. F. Ingersoll, of Chicago, recently discovered that a patient of his, pregnant about three months, had also a fibroid tumor about the same size as the uterus was at that period.

It seemed to keep pace with the size of the uterus until four months when it became stationary.

The patient, usually in splendid health, became anæmic and could not be built up.

Patient was unable to deliver herself nor render much assistance, the delivery being accomplished with the high obstetrical forceps.

Considerable hæmorrhage followed but was controlled.

The head of the foetus was small and badly nourished.

Lactation was insufficient and a wet nurse became necessary.

There are two deductions to be drawn: No woman can properly nourish a child and a fibroid at the same time, but gestation is possible sometimes.

The fibroid has made no further progress since the uterus has been emptied.

## GENERAL LABORATORY TECHNIQUE.

JULIUS A. TOREN, M. D., CHICAGO, ILL.

The method given below for the **determination of the sugar content of milk** is thoroughly dependable and the most accurate titration method with which we are acquainted.

Weigh out 10 grams of milk and add to 175 c. c. of water, in a beaker, and mix thoroughly. Add 1 c. c. of a ten per cent. solution of acetic acid and stir constantly until casein is precipitated. Place the beaker on a water bath and keep at boiling point for half an hour, filter through fairly hard filter paper. Rinse the beaker thoroughly with hot water and add washings to contents of filter. After all the filtrate has passed through, wash the filter and contents, consisting of casein and fat, with hot water, adding washings to filtrate. Place the filtrate and added washings on a water bath and boil down to 75 or 80 c. c., cool, and dilute to exactly 100 c. c. in a volumetric flask.

This solution is now titrated against Benedict's solution (also used for determination of sugar in urine; see Mitchell's *Modern Urinology*, p. 336), which is made as follows:

	gm. vel c. c.
Copper sulphate (pure crystallized)	18.0
Sodium carbonate (anhydrous)	100.0
Sodium or potassium citrate	200.0
Potassium sulphocyanate	125.0
Potassium ferrocyanide (5% solution)	5.0
Distilled water to make a total volume of	1,000.0

With the aid of heat dissolve the carbonate, citrate, and sulphocyanate in enough water to make about 800 c. c. of the mixture, and filter if necessary. Dissolve the copper sulphate separately in about 100 c. c. of water and pour the solution slowly into the first liquid, with constant stirring. Add the ferrocyanide solution, cool, and dilute to exactly 1,000 c. c. Of the various constituents, the copper sulphate only need be weighed with exactness. Twenty-five c. c. of this reagent are completely reduced by 60 mg. of lactose, and by 50 of glucose.

The determination of the sugar content of the milk is made as follows: One-half the filtrate is placed in a fifty c. c. burette up to the zero mark. Twenty-five c. c. of the Benedict solution are accurately measured out and placed in a porcelain evaporating dish (four or five inches in diameter), ten grams of sodium carbonate added, and the mixture heated to boiling over a free flame until the carbonate is entirely dissolved. The milk filtrate is now run in from the burette, rather rapidly until a chalk-white precipitate forms, and the blue color of the reagent begins to lessen perceptibly, after which the solution from the burette is run in a few drops at a time, until the disappearance of the last trace of the blue color, which constitutes the end of the reaction. The solution must be kept boiling vigorously throughout the entire titration, small amounts of water being added from time to time to compensate for evaporation. As lactose is much slower in reducing copper solutions than glucose, it is well to allow plenty of time between additions toward the last, as we have found a minimum time of about three minutes is required for reduction of the copper after each addition.

The calculation of the percentage of sugar in the original sample of milk is very simple. We find that 25 c. c. of copper solution are reduced by 60 mg. of lactose. Therefore the volume

run out of the burette to effect the reduction contained 60 mg. of sugar. The 100 c. c. of filtrate contains the sugar present in 10 grams of milk and therefore represents a dilution of 1:10. The calculation is therefore as follows:  $\frac{0.060}{x} \times 1,000 =$  per cent. of sugar in the original milk, X representing the number of c. c. of the sugar filtrate required to reduce 25 c. c. of the copper solution. (These figures do not apply to glucose in urine.)

An important advantage is that the Benedict solution will keep indefinitely after its preparation if made of pure chemicals.

#### Synopsis.

1. Weigh 10 gms. of milk and add to 175 c. c. of water.
2. Add 1 c. c. of 10% acetic acid; stir until pp. forms.
3. Keep at boiling point  $\frac{1}{2}$  hour.
4. Filter. Wash beaker and pp. with hot water.
5. Boil filtrate down to 75 or 80 c. c.
6. Dilute to exactly 100 c. c.
7. Titrate against Benedict's solution.

### URINE ANALYSIS AND RENAL THERAPEUTICS.

BY CLIFFORD MITCHELL, M. D.

**Fallacies in Urine Analysis.**—There are many troubles and fallacies in the analysis of urine. Many physicians give up in disgust and hand over the fee to a laboratory, when with a little patience and reading they might hold the work themselves. In *Modern Urinology* is to be found a great deal of instruction in ways and means by which the snares and pitfalls of urine analysis are to be avoided. It is the only book in the English language (or any other so far as we know) which takes any pains at all to instruct the reader in the minute details of technique. In the thousand and one reviews of the book (favorable and unfavorable) this original and distinguishing feature was not, so far as we know, rewarded with two lines of attention. And yet the principal object of the book was to enable physicians to add to their income!

One reason why doctors fail in urine analysis is because they lack hot water, a north light, and the right combination of eye-piece and objective in their microscopes.

**Hot water** is an essential in urine analysis. Test tubes can not

well be cleaned unless rinsed with hot water. Traces of chemicals and of urine constituents remain unless hot water is used. This is especially noticeable in the case of sugar (glucose) which is difficultly removed by cold water from any container.

**A north light**, while not essential for an expert, is likely to be so for one not over-familiar with the color tests. Urobilin fluorescence can not be seen at all in a strong, direct light. Traces of albumin are much better seen by reflected north light.

Again many physicians use test tubes not adapted for the use to which they are put, being too large or too small.

Again error results frequently from not mixing the chemicals with the urine.

On the other hand, mixing spoils contact tests. **In making a test, therefore, always notice whether the chemicals are to be added or floated.**

Some doctors work so slowly as to miss reactions which change quickly: thus in the case of acetone, the dark red may change quickly. If one is slow, one does not appreciate it.

In working with the microscope much trouble comes from the **drop drying** on the slide before the doctor can focus rightly. Use more sediment.

Beware of the objective which has to be focussed close down to the layer of urine. You can use cover-glass, but the best way to examine urine is without the cover glass, using a copious layer of the urine and **a working distance which is appreciable.** This is best done by the combination of eyepiece and objective recommended in *Modern Urinology*. You will have some trouble getting these numbers of eyepiece and objective, but they can be had at the factory.

Unless an Abbé condenser is kept scrupulously clean, better not use it at all for urine sediments.

**The inside of the object-glass** needs to be frequently cleaned.

**Nephritis in Pregnancy.**—Our contention that not all convulsions in pregnancy are eclamptic, but that true uræmic convulsions from nephritis may occur in pregnancy as well as in other conditions where nephritis is present, is confirmed by a recent experience.



Patient had been confined once and without trouble. Several years later becoming pregnant it was found that in the seventh month albumin was present in the urine and there was a little œdema. The systolic blood pressure was high, 170 mm.

The writer examined the urine and found the following:

Volume per 24 hours—750 c. c.

Specific Gravity—1020.

Acidity—44°.

Total urea—11 grammes.

Total ammonia—0.51 gramme.

Total phos. acid—1.5 grammes.

Total uric acid—0.25.

Total chloride—2.66 grammes.

Albumin—0.9 per cent. weight.

Sugar—none.

Acetone bodies—none.

Indican—increased.

Sediment: hyaline casts including long slender ones; granular casts, fatty casts, fatty masses and free fat globules.

Not long after the analysis, patient had several convulsions and at present writing is in hospital under eliminative treatment. (Since writing, patient died and post-mortem verified diagnosis.)

**Nephritis in Scarlet Fever Epidemic.**—That a child may be taken with an acute nephritis in the course of a scarlet fever outbreak in the neighborhood without having shown any evidences of scarlet fever has been claimed, and I think with reason. Was called recently to see a child with slightly puffy face, pallor, and scanty, bloody, albuminous urine. There had been scarlet fever in the neighborhood and the patient had associated with children which later had scarlet fever, but she herself had no symptoms whatever of the fever.

The urine being examined showed the following:

Volume in 24 hours—710 c. c.

Specific Gravity—1016.

Acidity—24°.

Total urea—19 grammes.

Total ammonia—0.5 gramme.

Total phos. acid—0.8 gramme.

Total uric acid—0.3 gramme.

Total chloride—6.5 grammes.

Albumin—0.6 per cent. weight.

Sediment: hyaline, yellow granular, and waxy casts, numerous red cells and leucocytes.

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Patient a ruddy blonde, tall, full habit, æt. twenty-two, unmarried. Has always suffered much at menstrual period, and for many years has been troubled with profuse leucorrhœa. Menses too early, profuse and long-lasting, color dark, with very fetid odor; marked nausea and prostration during first two days, with heavy pains through uterus and coccyx; leucorrhœa of a yellow white; quite thick, very foul odor, and just before menses. *Cal. carb.* was given without benefit; after more thorough study of the case, *Kreos.* 30th was prescribed on January 4. Patient reported on the 30th of the month. Menses still early and profuse, but some decrease of nausea and bad odor. Ordered no medicine to be taken until within ten days of next menstrual period, the same drug to be then resumed. Reported February 21. Menses three days early, decrease of quantity of pain and odor. Prescribed *Kreos.* 200, to be taken every other day through the month. Patient reported again in March. Menses one day early, little pain, no nausea, bad odor almost gone. *Kreos.* 500, once per week. Reported May 1. Menses normal, but still no change in leucorrhœa, which troubled her very much. For this condition *Aralia rac.* was given, with most gratifying results; the patient having now been perfectly free from all menstrual and uterine disorder for many months.—*Dr. May Howells.*

CASE 1306. A young lady had a severe neuralgia, which did not yield promptly to several medicines which seemed to be indicated. Suddenly its character changes, and the pains, as described by her, seemed to extend from the pupil of the left eye to the back part of the head. This symptom was so similar to the one which so frequently distresses nursing women, viz.: "a pain extending from the nipple through to the back," that I gave her *Croton tig.* In a few hours she was well and has had no return since, now ten days.—*Dr. H. N. Martin.*

# Homœopathic Recorder

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## EDITORIAL NOTES AND COMMENTS.

THE REFORM DINNER.—The following concerning the “Apyrotropher dinner” is taken from the pages of our estimable contemporary, *The Naturopath*, and is respectfully referred to good diners of the American Institute of Homœopathy and kindred organizations, like the Phe Phi Pho Phum Chapters. Instead of the usual “Manhattan,” “Bronx,” or “Martini” you have an “Eupos” as a starter, a drink made up of linseed flaked peanuts and water, with a dash of cocoanut. This is followed by the “Synede,” which “must be eaten with a fork;” it is composed of chipped bananas, shredded cucumbers, gilliflower leaves, chipped green tomatoes and peanuts. You wind up the banquet with radishes in place of coffee and Havanas. President Wilcox might suggest this for the banquet of the Surgical Bureau, at Atlantic City. This bill of fare is said to be strictly scientific and we are inclined to think it is, but, for all that, still lust after the old dinner.

DR. DUNCAN’S AUTOTHERAPY.—The world cannot complain that our estimable friend, Dr. Chas. H. Duncan, is slack in informing it of his discovery, his beloved “autotherapy,” nor, in turn, can he reproach the medical press for a conspiracy of silence. His last paper appears in the *New England Medical Gazette* and at the end of it he has a list of thirty “References for Autotherapy Investigation,” or thirty-one including the *Gazette* paper. The first paper was published in the HOMŒOPATHIC RECORDER, May, 1911, since which time the others have appeared

in homœopathic, allopathic, free-lance, anarchistic, and veterinary medical journals, the greater part of them being outside of the homœopathic press.

GONORRHŒA IN CHILDREN.—The *Urological and Cutaneous Review* contains a short abstract from a Berlin medical journal of the treatment, by Hamberger, of twenty-one children, girls, for gonorrhœa. The conclusion is that "the treatment of gonorrhœa in children with vaccines alone is insufficient"—which is self-evident to homœopathic physicians. In this instance the jar does not come from the success, or otherwise, of the treatment, but from the fact that twenty-one little children are treated for such a disease by one physician only. There is "something rotten in Denmark," but what is it? Never before in its history did the world have a greater number of vociferous reformers turned loose on it—suffragettes, eugenists, the A. M. A., and a vast host of others—yet it often looks as though the more they reform the more things become deformed. The medical salvation of the world lies in Homœopathy, which appeals to reason instead of the legal fire and sword.

VERY PROFOUND, CAPT. BUNSBY!—The *British Medical Journal* wisely remarks that "half the misunderstandings in the world are caused by the neglect of people to explain precisely what they mean." That little clipping from the old tree of logic sounds well, brother, but it is misty. For instance, the learned professors who dive into the depths of ultra-scientific medicine often do not know what they mean (and, in truth, sometimes say so) and when they do have a glimmer cannot explain it to the medical hordes who stand above in the ordinary sunlight of common sense. Aside from the darksome depths of profound medicine of the ultra type, can a Democrat make a Republican see his wicked way? Can a Republican convince a Democrat that his way is typified by his party's zoölogical emblem? Can a Progressive explain to either of the others why they should no longer cumber the earth?

PURIFYING "ADS."—Through the influence of the *American Medical Association*, and of the *Chicago Tribune*, the Councils



of that city has passed an ordinance, with a most formidable preliminary, making the sponsors of any advertisement "which is untrue, deceptive or misleading, shall be fined not less than twenty-five (\$25.00) dollars nor more than two hundred (\$200.00) dollars for each offense." It is aimed at the medical advertisers, but, as we read, it seems to take in all advertisements, placards, hand-bills, circulars and so on of everyone. This effort to put down lying advertisements is most laudable, but if rigidly enforced (beginning with the *Journal A. M. A.*) the ordinance would tumble many in high places—religious, medical and commercial.

FACT VS. THEORY.—Here is a clipping from a letter from Dr. Berridge, printed in the *Homœopathic World*: "The argument of the Rev. E. E. Jungerich reminds me of the man who, when told that his theories did not harmonize with certain established facts, replied, 'So much the worse for the facts.' 'The proof of the pudding is in the eating.' For over forty years I have practiced Homœopathy, strictly according to the *Organon* and Chronic Diseases, and I have never once found Hahnemann's practical teaching to be wrong."

"THE FATE OF HOMŒOPATHY."—The *Homœopathic World* says: "The next quarter of a century will almost certainly determine the fate of Homœopathy." Nay, brother, it will no more determine the fate of Homœopathy than it will determine whether water will continue to run down hill. It may determine whether our various organizations will survive as at present, but none of us can change the laws we do not make.

SALVARSAN IN TROUBLE AGAIN.—On the heels of the Los Angeles disaster comes the report in the Berlin Letter to the *Lancet* that Dr. Dreuw, a police surgeon, had asked the Imperial Health Officer to inquire into Salvarsan, as there had been hundreds of deaths from it. The matter finally got into the Reichstag, where official reply was made that as there was no compulsory notification of death from Salvarsan it was impossible for the Government to say how many deaths had been caused by the treatment.

ACTION AND REACTION. The very learned medicos insist that medicine is a science, that disease is nothing but the entrance of living creatures into the system and that none but the scientific shall be allowed to treat the sick, under penalty of fine and imprisonment. That is the action. Now comes the reaction. According to the *Lancet* a patient employed a scientific French doctor and afterwards sued him for 50,000 francs damages on the ground that the doctor treated him for lung diseases, whereas it turned out that his was intestinal disease. The patient was awarded 20,000 francs damages. The verdict was unjust, of course, but is the inevitable logical sequence of the stand taken by the allopaths today, that medicine deals with actual disease entities, or organisms, namely, substances, and consequently is a material science. Now, if a chemist makes a blunder he is held liable before the law and so will the doctor be if the allopathic rule prevails, that medicine is a material science and consequently if a doctor fails in his contract it is his own fault and, like any other scientist, where a contract exists, must be liable for damages. That there is a very real danger ahead is shown by the verdict of the French jury. Sooner or later, gentlemen, you will be forced to come to the fundamentals of Homœopathy

WHY THEY DIE FROM SALVARSAN.—Drs. Morel and Mouriquand, of Lyons, France, have been experimenting with this arsenical drug and, to make a short story, have concluded that if the organism can rapidly eliminate the remedy all is well, but if it cannot things happen, as at Los Angeles, where seven died in a bunch. The advice (you can find all this and more in the *J. A. M. A.*, April 4) is that a "test injection" should be made first to see if the patient can stand the "Ehrlich treatment." This advice is good, but queer where the fact is recalled that the treatment is said to be the "latest"—at least up to present writing.

IT IS HOPELESS TO—

- hope for better government by doubling the ignorant vote,
- expect to shackle the old devil by legislation,
- think health boards will stop encroaching on the physicians' duties,

—attempt to convince that fool that he is wrong on the canal tolls question,

—convince a suffragette that she doesn't need a vote, or

—think that anything can stand the race but genuineness.

"WORDS, WORDS, WORDS!"—So Hamlet remarked to Polonius. This is from our youthful and lively contemporary, the *Cincinnati Medical News*:

"Dr. Harvey W. Wiley claims that he could rid the entire State of New York of tuberculosis by segregating all cases of the disease in the Adirondacks, with the \$100,000,000 squandered by the State authorities in presumably deepening the Erie Canal. While tuberculosis is carrying off 12 per cent. of the people the legislators are more concerned in questionable attempts at furthering commerce than in saving the lives of one-eighth of the State's inhabitants. Isn't it about time that the fetich Business be dislodged from its place of usurpation, and something more important made the object of worship."

In the first place, dear *News*, if it were not for "Business," our boards of health could not get even the very comfortable appropriations they now enjoy, and, in the second place, could Dr. Harvey W. Wiley make good his assertion? He surely could not, if we can believe what certain European doctors say, who, of course, may not be as profound as he is.

NATIONAL MEDICINE.—A correspondent of *The Lancet*, Dr. Chas. A. Parker, writes that in his opinion, "a State Medical Service seems to me the only way of remedying existing evils, of combining the advantages of preventive and curative medicine" and all that sort of thing. If the allopaths possessed preventive and curative medicine we doubt if there is a man in the world who would raise a finger against them. But do they?

THE DECREASING BIRTH-RATE.—The Berlin correspondent of *The Lancet* writes that "the constant decrease in the birth-rate in Germany has for some years past created considerable uneasiness in both political and medical circles. The causes of this are not yet very clearly ascertained, and a variety of opinions have been

expressed regarding it." Some blame the protective tariff, others say it is due to the increase in "culture," and other wise guys assign other reasons—and none of them know anything but the statistical fact, unless it be the brutal one that the man doesn't want to support the child or the woman to take care of it, and on this point they are discretely silent. Better be so on the others.

GOD SAVE THE BARNYARD!—The following is taken from the "Circular of Information Concerning the Requirements of the Milk Commission of the Medical Society of the County of Westchester for 'Certified Milk:'"

"4. THE COWS.—No cows will be allowed in the herd furnishing certified milk except those which have successfully passed a tuberculin test. All must be tested, at least, once a year, by a veterinarian approved by the Milk Commission."

We know a gentleman who has a herd of some of the finest cows in Pennsylvania, who will not buy an animal in whose blood the consumption poison has been injected, nor permit these "tests" on his herd. He says that a cow so treated is never entirely healthy again. Also one wonders, if cows, like human beings, are not subject to anaphylaxis?

THE FACTS OF THE LOS ANGELES AFFAIR.—The *Journal of the A. M. A.*, March 21, contains the report of Dr. H. C. Whitney, Superintendent of the hospital in which the seven deaths occurred. These may be summarized as follows: All were syphilitics in an advanced stage, as demonstrated by the Wasserman tests. All treatments had failed—and so the intraspinal administration of Salvarsanized serum was tried. The serum was prepared by Dr. A. T. Charlton "according to authority." Seven patients died. The embalming of the bodies was not done at the hospital or by its consent. "The most plausible explanation of the cause of death," says Dr. Whitney, "in these cases is that oxidation had taken place in the Neosalvarsan." As all known means of scientific medicine had failed and Neosalvarsan has worse than failed, why not call in a good homœopathic prescriber the next time?



## PERSONAL.

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The vote of a mut counts just as much as the vote of a wise man.

The man who does things is the man who gets the criticism.

Chicago conundrum. "Does she nag you because you drink or do you drink because she nags you?"

"Dichotomy" is an operation on a surgeon.

In these noisy times one can begin to see the subtle meaning of Samson's weapon, the jaw-bone of an ass.

An oriental sage said of women: "Their ways are perverse, but you cannot change them."

The world doesn't owe any man a living until he earns it.

Some reach anecdotage early in life.

The "good story" is always, nearly always "gamey."

The N. Y. S. J. of Med. once said that journals "edited by committees will always lack bowels."

After a newspaper man marries he stops writing "hints to mothers."

Why not a Congress of Fathers?—those who put up the dough.

The old time "nastiness" of the homœopathic nosodes now masquerades crudely as "vaccine therapy."

Claude thinks the peroxide blonde is the real "yellow peril."

No man likes to have his teeth crowned.

A learned medic tell us how to "short-circuit the colon." No, thanks.

Rollston (*Lancet*) says that the vaccine enthusiasm "is usually somewhat modified by time."

"Life is a failure!" says the poor pessimist, but as he never had but one the skeptic asks, "How do you know?"

A recent German writer, Minskowsky—"Oh, you German! What are you doing in that galley?"

"Analfabeti?" No, not modern medical but one who cannot read or write.

"Dog fleas transmit kala-azar." Where do the fleas get it?

Oh, yes, "A fool can ask more questions," etc., etc.

Von Schrenck Notzing says spooks are realities, being made of "teleplasma."

Emerson said, "To be great is to be misunderstood," but Claude says it doesn't work the other way.

Ease without "freedom" is the hall-mark of the gentleman according to Chesterfield. He means "freshness."

# THE HOMŒOPATHIC RECORDER

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## **"WHAT SHOULD CONSTITUTE A STANDARD OF ETHICAL PUBLICITY FOR THE PHYSICIAN."**

Such is the title of a symposium in the pages of the *Medical Times* for May. Perhaps a few abstracts from the speeches or (if we must be literal) the papers, may be of interest to the RECORDER's readers, even though no scientific physicians, *i. e.*, Homœopaths, were invited.

The first to speak—or write—was Dr. Reynold Webb Wilcox, of New York. The following extract has a sardonic humor, perhaps unintentional, that would do credit to Carlyle's hero, Herr. Teufeldroch.

"It is the duty of the physician, which he owes to himself, to successfully avoid publicity, not only for his own reputation, but as well for the good of the people at large." He thinks that the people should be instructed by health boards and lectures and then draws this nettle over the epidermis of the present squad, "To the end that this instruction shall be accurate and productive the personnel of boards of health must be greatly improved," etc.

Next on the list comes our friend (if he doesn't kick at such familiarity), Dr. Robert T. Morris, the big surgeon of the N. Y. Post-Graduate. After giving his ideas on the burning question, adds this, in which the doctors and the public, with sensitive hides, may feel the gentle nettle:

"Aside from the question of publicity in relation to matters medical, it is a duty of the doctor, as a good citizen, to take part in all movements of public interest and to express himself freely upon subjects not medical. The public is capable of exercising some sort of judgment as to the value of his ideas upon subjects which do not relate to medicine." Naturally, the public may ask, "Why judge doc's ideas?"

Next on the list comes Dr. Harold Hays, also of New York, who may also be suspected of being familiar with the *Urtica urens*:

"The standard of ethical medical advertising will always be set by those men most prominent in the profession. Conversely, those men who are most prominent in the profession will get the most advertising; for it is only natural that their work, whether operative or otherwise, is looked upon as the gospel of medical service. Every man in medicine who wishes to succeed has to be his own advertising agency."

Dr. John A. Wyeth, also of New York, said, among other things: "I have always held that our first duty, as teachers, was to try to instruct the people how to avoid disease, rather than administer remedies as curatives." Also that all the big daily journals should have a medical editor, a position he held for ten years on the *N. Y. Sun*, but which is now held by Dr. Simon Baruch. Teaching how to avoid disease in a big, a very big contract, is it not?

Dr. G. R. Williams, of Paris, Ill., injected some western ideas into the discussion and some acid. For instance:

"It seems to me that the cases of the general practitioner and the specialist should be considered separately. In the case of the latter we certainly do not need a new standard of ethical publicity, though perhaps a much broader standard would be advisable in the question of securing the attention of the profession itself. Speaking from the standpoint of the specialist, I believe that it is neither necessary nor advisable for him to present his case to the layman. If he is a true specialist he will receive the coöperation of the profession; if he a pseudo-specialist (patient-thief) he will not—is my observation."

"Physicians can no longer be divided into two classes, but three—the sheep, the goats and the half-breeds."

"Upon the other hand, it might be well for us to see to it that the big potatoes who preach codes likewise live up to them."

"The poor devil of a practitioner has learned that should his name slip into the village weekly he must face an irate county society. No, let us not hope to reform by legislation, but execution. Let not the pigs through the big gate while the camels sweat at the needle's eye."

Another, "whose bright home is in the settin' sun," is our esteemed Dr. Alfred S. Burdick, of Chicago, who presides over the alkaloidal *Clinical Medicine*. He speaks right out in the meetin' :

"I believe, however, that there should be a careful re-examination of what we are pleased to call 'the question of ethics.' We are still on a sixteenth century basis. In the olden days doctors surrounded themselves with mystery; it was thought necessary to withhold from the patient any essential information concerning his art. The spirit of the twentieth century is exactly the reverse. The day of full publicity has arrived. Intelligent laymen everywhere are reading about our latest discoveries, and about the new methods of treating tuberculosis, cancer, malaria, and yellow fever. Many of them are better informed concerning the principles and practice of sanitation than the average doctor."

"It is neither good sense nor good policy to practice a policy of secrecy and assume an air of mystery in dealing with men of this kind. I believe the time has come when the physician should get out into the open; and I believe the time will come when he will not be ashamed to use printer's ink and will not be condemned for so doing."

The last we will quote is Dr. J. W. Pettit, who is frankly loyal to what the medical unregenerate call "the trust:"

"In any readjustment of our relation to the press in this matter we must bear in mind that we incur a great risk of bad men in our profession misusing this privilege to the advantage of the public and the discredit of the press and the medical profession. Indeed, this is just what will occur unless we apply some practical safeguard. The remedy is simple and can, without question, be made effective. A bureau of medical information under the auspices of the American Medical Association can be organized which shall furnish information to the press free and also censor advertising matter."

The remedy is very "simple." Give the A. M. A. power to suppress everything that does not meet with their approval. But the public, who "pay the freight" (with apologies to Dr. R. Warren Conant), would not stand for it. *That* is the lion in the way.

In conclusion, this symposium, like all others, furnishes amusement to the populace, but nothing comes of it. In fact, if you



want a first-class medical riot just start a symposium that is free for all.

When the man who pays the freight (again with apologies) is sick (with apologies to the British brother) he wants a cure (with apologies to the scientific), all of which is true but, perhaps, not quite to the point.

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## SULPHUR.

By Dr. T. H. Hudson, Kansas City, Mo.

If we would think of *materia medica* as a solar system, we may think of *Sulphur* as the sun of that system. If we think of each remedy as the key to a door in the House Wonderful, we may think of *Sulphur* as the Master Key. It is the fountain from which all rivers run, the sea to which all streams return. It is in relationship, or friendship, with nearly all remedies, and, therefore, able to aid, abet and assist them in their efforts against disease. This friendship for others is that which constitutes its greatness.

When the system refuses to respond to other remedies, although they be well selected, it is because of some underlying, deep-seated constitutional dyscrasia which the shallower remedy cannot reach, but which *Sulphur*, deep, profound in its action and ever driving to deeper depths, reaches, stirs, upsets and compels to responsiveness. And whether or not the disease corresponds to the characteristic symptomatology of *Sulphur* it will stir something, shake something, move something, shed light, whether lurid or bright, in the dark caverns which will at least enable us to see what next to do.

Hahnemann said that when a disease was driven from the surface to the interior it then formed a dyscrasia, a constitution which will afterwards modify every ailment or disease to which that individual may be subjected. He taught that psora, suppressed itch, was one of the chief of these dyscrasias, and that this constitution had been handed down through generations since time immemorial, and that *Sulphur* was not only its great eradicator, but that acute disease based upon a psoric taint would not yield to its apparently appropriate remedy until *Sulphur*, like

a subsoiler, had reached and broken up the chronic hard pan upon which the acute is based. This, in my own experience, has again and again been verified.

A child is born, born with an inherited dyscrasia. Being a babe its skin is tender, being tender the skin offers slight resistance. Offering slight resistance the disease comes to the surface, for disease, like pus, points in the direction of least resistance. Coming to the surface it manifests itself as an eczema, an erythema, an erysipelas; as blebs, blisters, boils, discharging ulcers, running sores, what not or whatever. If these external manifestations are headed off, dried up, cured on its outside by sugar of lead, sulphate of zinc, nitrate of silver, or any other astringent or any application capable of interfering with their exit through the skin, the result will be *its* suppression, and suppression is a healing of the surface at the expense of the interior, a covering up of unsightliness for an accumulation of debris, a trade of a witch for a devil, and that child shall reach man's estate with a fair skin it maybe, fair to look upon, white-washed outside, but a whited sepulchre, full of dead men's bones. These, the children of their care, is the heritage our fathers have left us. The fathers have gone, the children are grown, their skins have grown tough, the skin is no longer in line of least resistance, we can no more induce the external manifestation of disease, the battle must be fought upon poorer vantage ground, the war must be waged where the tide, turning against us, the consequences must be more serious, the struggle must be in the dark, and the enemy is at home and intrenched.

We must fight a foe unseen; but forewarned is forearmed, and our experience, the result of our inheritance, will warn us against leaving a similar heritage to posterity. It may be too late to do much for the patients left us by our fathers. Their skins have become toughened by age, hard and calloused by disease, resistance is less in some other direction, we may not be able to eliminate disease through the skin, but their children and their children's children afford opportunities to rectify the mistakes of the fathers. Permit me to again insist upon the fact that a skin disease of whatever kind if healed by local applications without the internal systemic remedy, is not healed in the true

sense of the word, but simply driven from its position on the surface to the interior of the body where, under favoring conditions, it may manifest itself in the lungs as a pneumonia, or asthma, in the stomach as a gastritis or dyspepsia in any organ, as any disease to which that organ may be liable. When such disease, be it pneumonia, asthma, pleurisy, gastritis, gastralgia, dyspepsia, pleuritis, hepatitis, or whatever, is based upon a chronic miasm, it may not yield until *Sulphur*, *Psorinum* or some deep tissue remedy dip deep into the systemic depths and arouse latent energy.

In the outset of our study, for we have not made a start yet, we might study for a moment the *Sulphur* type of individual. It applies to both sexes, all ages and conditions regardless of nationality, for while it is said to be "especially adapted to persons of rather light complexions" it is also said by the same author to be one of our "mainstays in the treatment of the negro race." The typical sulphurite is lean and leaning, walks stoop-shouldered, sits huddled up, is coarse fibred, coarse of hair, coarse in tastes, dirty of skin, offensive of odor, abhors a bath tub and craves alcoholic drinks of the stronger or coarser kinds—champagne, fine wines, high balls and mint juleps do not appeal to him alongside of beer, ale, apple brandy and whiskey straight. Do not expect to find all these refinements in the same individual, or, at least, do not turn *Sulphur* down when, or because, some of them are wanting, for it is large of range and wide of application.

I need hardly suggest that one of *Sulphur's* characteristics is itching, and I need not stress this point because all who know the remedy know this and will always know and always remember it, for we cannot think of itch without thinking of *Sulphur*, nor of *Sulphur* without thinking of itch; and if, peradventure, there be those who have had the itch they will itch again whenever they think of *Sulphur*.

The next high point is burning. And it is a high point, for it burns high as the top of the head. It burns low also, low as the soles of the feet and deep as the innermost cavern of the human body. It is one of the burners (*Phosphorus* is another, *Arsenicum* another, *Causticum*, *Carbo veg.* and others). It burns internally, externally and eternally. It burns the mucous

membrane inside, the skin outside, and lost souls all over, and always. It burns—it burns like hell! for it is the fuel that feeds the fire of that lake where the worm dieth not and the fire is not quenched. Let us beware, therefore, that we forget not its capacity for burning. Think of *Sulphur* as a remedy that works from within outward, the direction in which disease should move or travel if our patient is to improve.

The advantage to be gained by this knowledge is this—the cessation of a discharge—as of bleeding piles will be followed by hyperæmia, plethora, fullness, oppression, etc. And *Sulphur* will re-establish this discharge, relieve the plethora, fullness, etc., by sending the blood through the proper channel to the outside. This is also true of troubles arising from suppressed menstrual and other discharges.

Of course, here as elsewhere, and always, *Sulphur* must be indicated. Your case must correspond with your remedy, and your remedy with your case. *Sulphur* is a wonder in congestions which arise from abdominal troubles.

If you will not consider the doctrine heterodox, I will give you a suggestion which you may use or reject as you choose. It is a use I make of the crude drug in certain hæmorrhoidal troubles when associated with obstinate constipation. A use of the flowers of sulphur learned and practiced in allopathic days, and one of the few things brought over into the new dispensation.

*Sulphur* is a congester. It interferes with the circulation of blood. Produces irregularities, too much in some parts, too little in others, induces cold feet and a hot head. The headache is of the congestive variety, and, although the head is hot, the headache is relieved by heat, relieved by being in a warm room, but aggravated by stooping. The head is not only hot but heavy and full to bursting, and roars like a quinine head.

When *Sulphur* symptoms manifest themselves in the respiratory region, either with or without hæmoptysis (see hæmatemesis), they are characterized by dyspnoea, oppression, a fight for breath, desire for more air, wants doors and windows wide open, air seems scarce and he wants it handy, lungs are hot, and he wants them cooled, breath is short and he wants it longer.

There is too much blood in the thoracic cavity, and the heart



pumps, and pounds, and palpitates in its efforts to relieve the chest of its over-burden. The heart itself feels too full and too large, and the symptoms are increased by exertion, by climbing a hill, ascending stairs, and so symptoms like these which, when isolated, sound silly, are altogether philosophical when coupled with their pathogenetic cause.

The irregularity of circulation is manifested in or around the muco-cutaneous outlets of the body, and so we have the symptom red eyelids, red margins of eyelids, red lips, ruby lips, and this rubicund appearance may be found upon examination around other orifices surround by vermilion borders, and these borders are not only of deeper hue than normal, but are also inflamed, sore, irritable, tender and painful to touch. Due to this same irregularity of circulation are the hot flashes of which *Sulphur* patients complain. These flashes, or flushes, are not confined to climacteric changes, nor necessarily due to ailing reproductive organs, as in *sephia*, *lacheria*, etc., they come at other times and under other conditions. Nor is the weak, empty feeling in the epigastrium mentioned under *Scpia*, due as under that remedy to a vacuum formed above by downward displacement of organs below, but to overplus of blood somewhere else, at the expense of enough blood in the empty region. With this empty, hungry, gnawing sensation in gastric region, which comes characteristically at 11 o'clock forenoons, you have the hot flushes, hot vertex and cold feet. Cold feet, then, remember, do not contra-indicate *Sulphur*. The hot soles of *Sulphur* come at night after getting warm in bed.

*Sulphur* is also a fever remedy. It will help you out with the low, slow dragging remittent and intermittent kinds which won't yield, which don't let go, in spite of the well selected similimum, but hang on, get a little higher in the evening, a little lower in the morning, but never entirely intermit. It may start as an intermittent, but runs into a remittent, and goes on and on to your disgust and the dissatisfaction of your patient. *Sulphur* will shake it up, and if it does not shake it out, will give other remedies a better foothold. In the lymphatic sphere *Sulphur* is the sovereign. Especially is this true in the lymphatic ailments of children from whom you can get only objective symptoms. It has the sweaty head and open fontanelles of *Calcareia*, the crusta

lactea, milk crust of *Mescreum*, the enlarged glands of *Iodine*, the boils of *Belladonna*, the ache of *Pulsatilla*, the hunger of *Cina* and the other things of *Sulphur*. Let us take a sample case. We have already visited with a lean, stoop-shouldered, dirty man. Let us see his baby or some other baby. The child ought to be clean, for its mother is reasonably cleanly, and wants her baby to be sweet and clean, but it won't. It don't look clean, and it don't smell sweet. The waters of the seas will not remove the offensive effluvia, and the dirt, like Mrs. Macbeth's damned spot, will not out. The child looks old, not old as a baby in the sense of matured, well nourished, well developed, but the skin is shriveled and dry and wrinkled, like that of the aged, the flesh hangs in folds and is flabby. The child is emaciated yet hungry, ravenously hungry, takes food voraciously and abundantly, but assimilation is defective, the glands do not work, and the body is not nourished.

It is perfectly apparent now that if such a child fails to get its appropriate remedy, and yet fails to die in childhood, it will not fail to develop scrofula or tuberculosis later on. It will still be in the domain of *Sulphur*, however, and *Sulphur* will often be found a remedy even in phthisis pulmonaris, especially at the invasion and as an intercurrent later on. You may remember that I said about *Silica* when we studied it that I was sometimes afraid to administer it to people with tuberculosis in the lungs on account of its cutting qualities, its power to play the part of the lancet and opens the abscess prematurely. The same caution is given concerning *Sulphur* in similar cases, or this caution at least by Farrington, first be sure *Sulphur* is indicated or you will prejudice your case, injure your patient. Second, beware of repeating your doses too frequently because of *Sulphur's* power to arouse whatever lies dormant in the system, and thus precipitate a condition which you would willingly postpone.

The same author says that in incipient tuberculosis of the lungs, if your patient wants doors and windows open, regardless of wintry weather, has hot vertex, cold feet, empty gnawing at 11 A. M., flushes of heat, palpitation of heart upon ascending with pain through left chest from nipple to back, you may give *Sulphur* as high as you please, one, two, three doses, then wait

and watch your patient carefully and you will sometimes, not always, have the satisfaction of seeing your patient recover from even this dire and dread disease. To recapitulate the characteristics mentioned will answer our purpose for to-day, and we will resume the subject at the next or some subsequent lecture. If you bear in mind the description of the man and the baby you will recall some of the keynotes—a dirty skin, a lean body, a stooping position, offensive odor, wrinkles, creases and an aged appearance in the very young. Add to these itching, burning, dread of water for bathing purposes, hot flashes, weak, faint spells through the day, especially hungry, gnawing, empty sensation at 11 A. M., hot vertex, cold feet, hot soles at night, early morning diarrhoea, irritation and redness at muco-cutaneous outlets and inlets, and the wonderful power of the remedy to redevelop repressed eruptions, and stir up latent conditions; remember all these and tell them to me when we meet again, and I shall consider it a symptom that you want more.

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### A PHOSPHORUS CASE.

By Dr. J. W. Sparks, Kansas City, Kansas.

Mrs. L., aged 24.

1st day. Complained of intense burning pain in right side of chest. Temperature, 102.2/5. Pulse, 104. Respiration, 38. pain. Not increased on pressure, but palpitation, caused pain. Some congestion in lower lobe, hoarse, rasping tone when talking. Cough paroxysmal. Phosphorus, 3x, tablet, two every two hours.

2d day. Temperature, 101. Pulse, 100. Respiration, 38. Pain still there, but not so marked. Coughed only twice during night, but raised considerable mucus each time, clear in color. Had sensation of burning at the heart. Hoarseness improved. *Phosphorus* continued.

3d day. Temperature, 99.5. Pulse, 86. Respiration, 36. Pain gone. No cough. Complains of burning sensation when swallowing; talks in usual tone of voice. *Phosphorus* continued. Four times a day.

4th day. Sitting up in bed. Temperature, 98.3. Pulse, 78. Respiration, 24. No cough. No pain. Hoarseness and burning

sensation all gone. Hungry; says she feels fine; soles of feet sting a little. *Phosphorus* discontinued.

6th day. Patient out in yard, feeling O. K.

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### COMPARISONS.

By J. M. S. Chesshir, M. D., Little River, Kansas.

There had been an unusually large crop of wheat in Western Kansas and scores of men had gone there to work in the harvest fields. Farmers were busy, early and late, directing the work and providing food for the harvest hands. The merchants and clerks in the various stores were kept busy from early morn until late at night weighing out and tying up numerous packages of groceries.

Threshing "followed close on the heels" of harvest and there was "no let up" in the work until late in the fall. The weather had been hot and dry, and in the stores it was almost unbearable at times.

When the threshing was finally finished and the harvest hands had moved on, the crop was marketed, debts were paid, and because there was an abundance of money it was spent freely and ungrudgingly.

It was about this time that some clerks, after talking over the work of the summer, decided to go to Colorado to rest and recuperate. The next day they asked for a "leave of absence" for one month, which was readily granted, and they forthwith began preparations for their journey. Two days later they were on the way to Colorado Springs.

The party consisted of Mr. Phosphorus, who was tall and slender, and because of his hæmorrhagic tendencies he was pale and anæmic. On account of a deficiency of adipose tissue and profuse night sweats his skin was dry. He had just recently recovered from an attack of diarrhœa. It was painless and was worse in the morning. The stools were thin, watery, bloody, copious and frequent. This also added to his anæmia and left him in a weakened condition. Even at his best he was always tired and wanted to rest. This was so noticeable that some people wondered if he had not been "born tired?" At present he was



too tired to talk and the company were going to let him sit alone, but he insisted on some one sitting with him, as he always desired company and felt worse when alone.

The second member of the party was a man who had been a bookkeeper in a large general store, and who, from sedentary habits and the strenuous work forced upon his stomach, suffered a great deal with stomach trouble and constipation. He was originally a "good eater," but from inordination along the line of eating he had so blunted and dulled the finer sensibilities of his stomach that he had to resort to the use of condiments and stimulants to tickle and cajole it to do its work. No day was properly begun without the customary "nip," nor rightly ended without the regular "pill."

He possessed a great deal of temper and did not hesitate to use it even on slight provocation. This was especially noticeable in the morning, as his wife had long since learned, to her sorrow. She, therefore, asked the fewest possible questions before breakfast and was careful to have the meal exactly on time. He was known around town as *Nux Vomiter*, but his real name was *Nux Vomica*.

The third one was *Bryonia*. There was nothing distinctive about his physical characteristics except that he had black hair and a dark complexion. Like *Nux Vomica* he was morose, irritable and constipated, and like *Phosphorus* his skin was dry. Some people do not know they have a liver, but this was not the case with *Bryonia*, for he was frequently reminded that he had such an organ. He was also conscious of the fact that he had a stomach for it did not functionate properly at all times. He had more or less pain in the stomach, his appetite was capricious, and, like the others of the party, he was troubled a great deal with eructations. Like *Phosphorus* and the fourth member of the party, he, at times, had a diarrhœa that was worse in the morning. All of his complaints were worse from motion and decidedly better from free perspiration.

The last one of the party was a man who is found in almost every community. He was seemingly loose jointed and was never known to walk erect or stand up when he could sit down. His skin was dry and dirty looking, for he dreaded water as much

as a cat and never took a bath unless forced to do so. His forehead, nose and chin were covered with eruptions—those on the chin being quite painful. The exhalations from his body were not very agreeable. They were so offensive to *Nux Vomica's* acute sense of smell that he gave him strict orders to "keep his distance." As the smelling faculties of Phosphorus were lost, he made no objections to sharing his seat with him. The question of talk was another point in favor of them occupying the same seat. Phosphorus was too tired to talk and the other fellow was averse to it.

He was troubled a great deal with itching, especially on becoming warm, and the more he scratched the worse it itched. Do you recognize him from the picture I have painted, or must I tell you his name was Sulphur?

When the train stopped at Dodge City for supper Phosphorus was still so tired that he did not feel like moving, so he asked the others to bring his supper to him. They urged him to get off and get a warm supper, but to this he objected, saying that he did not like warm food, but would rather have something cold. When questioned as to what he would like for supper he only specified ice cream and some cold drink.

Before leaving the train Bryonia thought of a great many things he would like for supper, but when he was seated at the table nothing looked good to him. About all he ate was some fruit, for which he was later sorry, for it brought on an attack of diarrhoea. *Nux Vomica* and Sulphur were hungry and both ate a good meal, but soon after returning to the train they began to have trouble with their stomachs. The coffee *Nux Vomica* had drunk induced an attack of indigestion with bitter eructations, while Sulphur was troubled with sour eructations and a burning pain.

It had been a tiresome day for all of them and they were ready to go to dreamland as soon as their berths were made up. Bryonia dreamed about the events of the previous day; *Nux Vomica* dreamed about misfortune; Phosphorus' dreams were vivid, and Sulphur's were unpleasant.

Some time during the night the sleepers were awakened by an unusual noise and, on investigation, Phosphorus was discovered

walking up and down the aisle, and he was accused of being the disturber of the peace. As soon as he was sufficiently aroused to realize that he had been walking in his sleep he timidly hastened to his berth. Soon again the sleepers were aroused and, as the noise emanated from Sulphur's berth, it was soon known that he had been having a nightmare.

About five o'clock the next morning the occupants of the sleeper were awakened by a commotion in the car and on looking out to see what was the trouble they beheld Sulphur and Bryonia struggling, each trying to get to the toilet. Bryonia was ahead and Sulphur had hold of the tail of his night gown, holding him back. There were some traveling men in the car and to them the situation was very amusing. Some began to encourage Sulphur by saying: "Hold on, old man." "You have the best hold." "He can't get away." "You have got him foul," etc., while others encouraged Bryonia with "Stick to it, old boy." "You'll win." "He cannot hold on much longer." "One more effort and you will have him coming your way." Thus encouraged, Bryonia determined to win, no matter what the cost, so he braced his feet and lunged forward. The night gown was a ———— garment that a customer had exchanged at the store, and not being of good material the tail parted company with the body so suddenly that Bryonia was precipitated to the floor, and before he could regain his footing Sulphur had seized him again. They were on the verge of beginning actual hostilities, when the porter, attracted by the noise, appeared on the scene and separated the combatants. In the meantime Phosphorus had usurped the throne, so their struggles availed them naught.

They arrived at their destination about eleven o'clock A. M. without further mishap or adventure. They had decided to rent a small cottage in the suburbs, providing a suitable one could be found, and Nux Vomica, being of an impetuous disposition, proposed that they go in search of one at once, but Sulphur complained of an emptiness and an all-gone feeling in the stomach and thought it would be better to have some dinner first. Phosphorus thought he would feel better if he had some salt food and ice cream so he and Sulphur disappeared within the first restaurant. Bryonia had an indistinct longing for something to eat.

and he, too, followed Sulphur and Phosphorus. Nux Vomica had not fully recovered from his attack of indigestion and his temper was easily aroused. He was so angry when the others deserted him that for awhile he did not know what to do, but he finally decided to go in search of a drink of brandy to satisfy the cravings of his stomach.

Late in the afternoon they found a suitable cottage and immediately took possession of it. The cottage was well furnished and the landlady agreed to care for the rooms and board them, so for two weeks they did nothing but eat and rest. The landlady not only proved to be a good housekeeper, but a capable nurse, as well. Before her marriage she had been a student of Homœopathy and from her knowledge of *Materia Medica* she readily recognized the type of patients she had to deal with and prepared their food and served their meals accordingly. She was on the "look out" for the nightly peregrinations of Phosphorus and more than once she prevented him from exposure to the chill night air. The two weeks had produced a great change in all of them. Nux Vomica could now eat most anything and enjoy it. His customary "nip" had been gradually curtailed until now he was able to dispense with it entirely and the regular pill was not so much in evidence. Bryonia was not so conscious of his liver and his stomach was on good behavior. Sulphur's skin was clearing up, he had taken one bath voluntarily, and had not been troubled with nightmare for over a week. He had also begun to "spruce up" and pay more attention to his personal appearance. He attributed it all to the invigorating atmosphere and the judicious care of the landlady, but the others were inclined to think a great deal of it was due to the fact that the landlady was a widow.

Phosphorus had not indulged in sleep walking for some time and the landlady had relaxed her vigilance. This was a sad mistake on her part, for he got away one night and was not missed until the next morning. After thoroughly searching the premises, without avail, the police were notified and they gave the information that a man answering Phosphorus' description had been found walking the streets, in his night clothes, and that a patrolman, thinking he was a drunk, had taken him to the police station.



His friends hastened to the station and found him, with a burning fever and muttering delirium. A physician came in response to a hasty summons and after a careful examination pronounced it a case of pleuro-pneumonia. They tried to explain matters to the police judge, but he refused to release Phosphorus unless the police surgeon should concur in the diagnosis. He was sent for "post haste," but being a "stand patter," and knowing that his "job" was secure, he leisurely took his time and did not appear until nearly ten o'clock. With a great display of authority to sufficiently emphasize their official capacity, and the exposure of red tape by the yard, the judge and surgeon consented to release the patient and he was removed to the cottage.

Phosphorus was a very sick man and for some time his life hung in the balance, but good medical attention and unremitting care on the part of the nurse put to rout the dread malady, but it left a weakness in the lungs which was the starting point of tuberculosis from which the patient, later, died.

During the worst of Phosphorus' sickness the rest of the party were very anxious about him, especially Bryonia and Sulphur. For three or four nights there was little rest for any of them and Nux Vomica, who was always worse from the loss of sleep, was very much affected by it, but two nights of unbroken sleep completely restored him. The others apparently suffered no inconvenience from their loss of sleep.

Sulphur, who was somewhat slow of comprehension, began to realize that he was making no headway in his suit for the landlady and he became censorious and fault finding. This aroused Nux Vomica's ire and he gave him "a piece of his mind." Bryonia began to have a longing to go home and as Phosphorus was now convalescing, but would not be able to return with them at the end of their vacation, they decided to start for home the next day.

The impetuous disposition of Nux Vomica was still in evidence and he began at once to pack his grip. The landlady was up early the next morning and prepared for them a good breakfast of which they ate heartily and at ten o'clock they started on the homeward trip feeling invigorated and rejuvenated.

**RADIUM IN HOMŒOPATHY.**

**By Dr. J. W. Sparks, Kansas City, Kansas.**

Radium is one of the new discoveries in the field of medicine. It was discovered in 1903, by M. and Madame Pierre Curie, French investigators, who, at the time, were studying Uranium; they had succeeded in isolating the mineral, Polonium, and another element to which they gave the name Radium. So-called because of its wonderful radiating power.

This element gives out light, heat, and gases without any appreciable loss of weight.

Light therapy, up to this time, had received quite a considerable amount of favorable comment, therefore it was immediately supposed, because of its wonderful energy, Radium had solved the problem of many skin affections as well as being a cure for cancer. But, sorry to say, a great many of the hoped for results have been marked failures, while, on the other hand, some remarkable cures have resulted from the use of this remedy. Radium treatment, for a time, was greatly advocated, and resulted in its being tried or tested on animals and plants. These observations, however, were all made with the rays of Radium, as the active force and its internal use was not thought of until 1904, when the homœopathic investigator decided to try a preparation known as Radium Bromide, which is the most active of the Radium Salts.

The result of experiments and, confirmation by clinical cases are varied. And here is where the homœopathic method of proving a remedy on the healthy human being saved Radium from the long list of valuable remedies discarded by the observer, who only looks upon the clinical results produced by a remedy, and who does not foresee that experiment on the healthy and testing on the sick are counterpart of one another.

In the development of this drug each observer should constantly look for some unusual, as well as long lasting, symptoms, thereby adding to the sum of our knowledge of this drug in the cure of the sick.

For the preparation of a potency of this powerful remedy we have to thank Mr. Armbrrecht, who prepared attenuations of

Radium Brom., and the 30th potency of the salt is the one most commonly used and the one from which nearly all provings have been made.

The first prover of Radium was M. Curie himself, who made a test by binding a very minute particle of the salt, inclosed in a rubber capsule, on his arm. He left this capsule on his arm for a period of ten hours and when it was removed the skin was red and inflamed, a marked dermatitis existing, which soon began to slough and resulted in a wound which took four months to heal; and he still had the scar at his death. It was about the size of a half dollar. Around the edge the skin was puckered and discolored. Another exposure of thirty minutes resulted in a wound that did not heal for two weeks. Another exposure of eight minutes resulted, after the lapse of a period of two months, in a mild dermatitis that soon cleared up. The fact that some time elapsed before the appearance of the irritation and the length of time required to heal the ulcer should be noteworthy points in regard to the action of this remedy.

In provings often a long period of time elapsed before the symptoms appeared, thus indicating a deep acting remedy of long duration.

Another point well worthy of notice is the tremendous energy thrown out by this drug in its ability to throw central disease out upon the skin. Possibly an antipsoric effect. Hence the Homœopaths will find indication for its use in skin diseases and kindred affections. Authorities say they have known warts to disappear after two or three applications of the rays.

Under Radium rays plant growth and development are checked, ferments lose their power, protozoa are first stimulated and then die, culture growth are arrested and then die. Shelled organisms are more resistant. In animals, development and regeneration are retarded, red corpuscles lose their hæmoglobin and salts into the serum. The central nervous system is peculiarly sensitive to the reaction of Radium, and young animals are more susceptible than older ones. Radium placed near the head of a mouse resulted in paralysis and death and irritation of the conjunctiva. Radium first produces a dermatitis and erythema, followed by pigmentation. (The above is the data contained in medical literature to date.)

Provings (1). Mr. A. B., aged 50, blue eyes, nervous sanguine temperament, in good health.

April 22, 1904. Took six globules Radium Brom. 30

April 26. 4th day. Two white patches on penis, one at root, and one at right side. Patches covered with white scales, and proved to be of the nature of psoriasis. They cleared off and then appeared on other parts of the organ. They recurred for months; no abnormal sensation in them.

May 2. 11th day. Shivery; bilious stool; pale and more frequent. This condition lasted three days.

May 5. 14th day. Much mucus in nose, no color.

May 7. 16th day. Bowels very relaxed, stool in loose bites, almost watery, darker in color. Condition lasted for many days, until July 27. Tongue sore. A callosity on inner side of right foot, which had been in existence for, at least, twenty years, was found to be almost gone, and disappeared in two or three days and did not return.

May 19. 28th day. Eyes smart and look red; this condition reappeared several times. But cleared up about June 7.

June 5. 45th day. For a few days skin of face has been irritated; today very much so. Condition gradually became worse and lasted for over two months. The skin became thickened and when scratched, which gave the most relief, exuded a clear moisture. The condition was aggravated after shaving and after washing, relieved by very hot water, worse at night when warm in bed, prevented sleep, and a pocket handkerchief had to be applied to absorb the moisture. The sensation was an intense itching.

June 12. 52d day. For several days past has had pain under left scapula. It seemed better on the 11th. But upon waking on the 12th, was worse; relieved by motion and after rising.

August 5th. 88th day. Small nevus of the canceroderm variety about center of chin to right middle line has turned black. In a few days this scaled off and the nevus was cured.

August 7th. 92d day. Skin could be rubbed and scratched without causing any oozing. In a few days it was possible to resume the daily shave.

August 29th. 112th day. A slight recrudescence occurred and



*Rhus ven.* was taken. The same thing occurred the following spring after motoring. At times during the proving there was slight inflammation at the umbilicus.

In conclusion, you will find Radium Brom. useful in acne and kindred diseases of the skin, trachoma, cancer and constipation.

The (1) Keynote symptoms are: Worse at night and when warm in bed; itching.

(2) The eye symptoms, because the eye belongs to the same developmental area as the skin.

(3) Right sided.

(4) Antidote: By *Rhus venenata*.

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### “THYROID EXTRACT IN THE TREATMENT OF DIABETES.”

Editor of the HOMŒOPATHIC RECORDER:

The following case came under my care August 1, 1913: Miss F., aged 36. Thought she was threatened with typhoid; tired all the time—even during sleep; insatiable appetite; ate a great deal of candy; had periodical headaches—usually lasting about three days; accompanied with intense vertigo; constipated; could not remember any time for a period of at least fifteen years when the bowels had acted without “taking something;” passed between four and six quarts of urine per day—more frequently during the headache periods—sometimes as often as every fifteen minutes.

Upon examination, urine was found to be perfectly clear like water and loaded with sugar.

Treatment.—Directed her to drink water every morning until she could not swallow any more. This was in accordance with the theory of Dr. Edwin R. Heath, of Kansas City, Mo., viz., that the great depletion of the system demands a larger amount of the same substance.

Advised her to “cut out” the eating of the candy, and to eat all the pure maple sugar she wanted.

Inside of two weeks she was drinking more than one quart of water at a time. The natural movement of the bowels followed within an hour after drinking the water.

The only remedy she has had to date is pure, concentrated thyroid extract, six grains daily. She has not, up to this time, had one single return of the headache; has married; weighs 163 pounds; urine perfectly normal; seldom has to get up to void urine at night; says she has not had more than two "bad nights" within the nine months.

Shall continue the administration of the thyroid for, at least, three months longer.

I have never prescribed this treatment in any other similar case. My reasons for prescribing thyroid were because of its effect upon the general metabolism and the increase of the circulation.

H. G. COLBY-BOND, M. D.

Bristol, Tenn., May 6, 1914.

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## OBJECTS TO MEDICAL PATERNALISM.

Editor of the HOMOEOPATHIC RECORDER:

In our time of more or less socialistic (paternalistic) tendencies of the new New York Health Department under its new head, we cannot let pass an article in the *Medical Record* (allopathic) of April 25, 1914, by T. J. Mays, "Has the Tuberculosis Death Rate Declined Recently?"

The remarkable part of this article is the proof that this whole preventive crusade is not only a failure as a prophylactic, but is really a provoker of this disease.

It is really condemning to read the article further showing that if any insignificant number of the prognostications made in the last ten or fifteen years as to what the crusade would do had materialized, tuberculosis would have become extinct long before now.

Such articles now appearing where the head of the New York Department of Health rides his (socialistic) hobby that every living person in New York, by force, shall, of course, at the expense of the taxpayer, and, of course, under the direction of the paternal health department, be examined at regular intervals to be treated, removed and prophylacted (protected?), must de-

cidedly prove that all such official medical actions are worthless, and only serve to propagate official officiousness.

Great is the paternalism of the New York Department of Health!

Yours,

May 15, 1914.

ERIC VONDERGOLTZ.

205 E. 72d St., New York City.

### ON THE GRILL.

There is a firm conviction in the writer's mind that he would know one of his friend Dr. John L. Moffat's book reviews, if he met it in Altruria. Dr. Moffat, as all good men know, is editor of *The Journal of Ophthalmology, Otology and Laryngology*, erstwhile *The Homœopathic Eye, Ear and Throat Journal*. Dr. Moffat generally begins by patting the author on the back and then gently shows him that he is but ordinary clay, or, rather, that his book is not what it should be, which, alas! is always but too true.

The excuse for obtruding this matter here is that *Elements* to-day is among the "best sellers," as homœopathic books go. With this preliminary we give way to Dr. Moffat's review of that book.

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THE ELEMENTS OF HOMŒOPATHIC THEORY, PRACTICE, MATERIA MEDICA, DOSAGE AND PHARMACY. *Third revised edition.* By DRs. F. A. BOERICKE and E. P. ANSHUTZ. Cloth, 223 pages, 6 $\frac{3}{4}$ x4 $\frac{1}{2}$ x $\frac{1}{2}$ ". \$1.00.

The importance of this interesting little presentation of Homœopathy is indicated by the necessity for a third edition. It is particularly adapted for physicians of other schools of practice who are or might be interested in homœopathy. The keynotes and therapeutic range may serve well as a memory refresher for us. Now that the reconciliation of the two schools seems so imminent this little work may help dispel the prejudice of ignorance.

We suggest the following criticisms for the fourth edition which will doubtless be called for.

It is remarkable that among the few "standard works" recommended we fail to find Norton's *Ophthalmic Diseases and Therapeutics*, I. D. Johnson's *Therapeutic Key*, and Bartlett's *Diag-*

nosis and Practice and Goodno's Practice. In the reviewer's opinion Arndt and Jousset cannot compare with Bartlett and Goodno. Bell on Diarrhœa and King on Headache are invaluable therapeutic guides.

While tablets are mentioned they are not described; an omission which, of course, will be rectified at the next opportunity. Not unnaturally the pharmacy of this book is based upon that published by Boericke & Tafel, ignoring the official Homœopathic Pharmacopeia of the United States.

It is particularly regrettable that the authors adhere to the ill advised "curantur" instead of Similia Similibus Curentur" which Hahnemann wrote.

We are surprised to find, in the Therapeutics, only calcarea fluorica, cannabis indica and fluoric acid mentioned for cataract—to the exclusion of causticum, naphthalin, phosphorus, etc. Asthenopia is not listed; and neither ferrum phos. nor sulphur is mentioned under "Ear." "Gonorrhœal ophthalmia, kali sulphuricum 6x" is an entirely inadequate attention to this terrible disease; and physicians relying upon this treatment solely, upon only this remedy, could be condemned for malpractice. This alone might prejudice a well read allopath against homœopathy.

\* \* \* \*

Let us in turn do the nice thing to Dr. Moffat by saying that, unlike many reviewers, he evidently reads the book he reviews, and no author ought object to any one pointing out his defects—though some do. With this, let us proceed with the review as the reviewer did with the book.

Primarily how can any one say that the reconciliation of the two schools seems "immanent," especially an editor with a good exchange list, and an editorial like that in Dewey's *Century* for April before him?

The men of the other school may come to Homœopathy, and do, as the success of *Elements* demonstrates, but we doubt if any man who really comprehends Homœopathy ever goes over to the Allopaths, for their pasture is poor, barren and overgrown with weeds. To be sure they still have the public officially haltered, but every one knows how that huge animal is balking and kicking, and how it takes the combined efforts of the editors of the big dailies and the official Allopaths to keep it in hand.



The only reconciliation that will ever occur is for the others to come over to Homœopathy, something they should do for "the benefit of humanity," for which they are so solicitous.

Concerning that list of books the authors hesitated over it at each edition, and cannot but plead guilty to many sins of omission, but they *could* not mention every good book.

As for the tablets, they probably thought that as tablets originated with the men who are among the enquirers it would be useless to go into a description of them.

The only possible excuse in the matter of the pharmacopœia and the use of the word "*curantur*" is that the authors are old line Homœopaths, and the *old* Homœopathy was *very* successful.

In the section of Therapeutics no one can affirm, certainly not the authors, that the whole field, even of "Keynotes," is covered, or that what is given could not be better done. They did their best.

In conclusion, thanks are due to Dr. Moffat because he does do something more than read the preface when he reviews a book and thereby sets a good example to the rest of us.

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### THE OLD OAKEN BUCKET.

"The old oaken bucket, the iron-bound bucket,  
The moss-covered bucket which hangs in the well

was true then in poetry and fact. It was common all over Westchester County. Its cool waters had refreshed Washington and Rochambeau, as well as the British soldiers. Its vitalizing properties have carried to vigorous old age multitudes of men and women.

"Driving home after a hot day in court I have often jumped over a farmer's fence, swung the long pole, dipped the old bucket into the well, drew it out and drank from the brim. I have never since had a draught of any fluid of any kind from anywhere so good and refreshing. Now both well and bucket are condemned by the board of health, and the bucket is found only in the museum with this label on, 'An antique microbe breeder.' "

This was clipped from a speech by ex-Senator Chauncey M. Depew, a brilliant speech, delivered on the anniversary of his 80th birthday.

## THE SPECIALISTS' DEPARTMENT.

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EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

### OUR CONTRIBUTORS.

This month we have two new contributors in addition to several of our old friends. The new ones are Dr. Dwight Clark, of Evanston, Ill., who has made for himself an excellent reputation as surgeon, and Dr. N. H. Lowry, 929 Belmont Avenue, Chicago, whose specialty is a high grade of X-ray work.

We are particularly desirous to obtain therapeutic notes from those who are curing patients with homœopathic prescriptions. Our good prescribers should not be modest about reporting to this department what they are accomplishing with the homœopathic remedy.

Please observe that our office has been moved to the Marshall Field & Co. Annex, 25 East Washington St. (room 1700), Chicago, Ill.

**Pain in the Flank.**—Dr. Dwight Clark, of Evanston, Ill., whose surgical work in that city has attracted much attention, gives us the particulars of the following obscure case:

**FAMILY HISTORY.**—The father died at age 52 from nephritis, his previous health having been regarded as good. The mother is living at 57, and is in good health. One brother is living at age 24 and well. One sister is living at 22 and has good health.

**PERSONAL HISTORY.**—Patient had a healthy childhood except varioloid at age 7. Menstruation began at 13. From this time up to her marriage at 23 the only medical attention the patient had was for painful periods, an occasional pain in the right lower quarter of the abdomen and a few hard colds. Her periods were always regular up to her marriage. She states she frequently fainted during her teens. At age 18 she fell into an open culvert, striking the left side against the sharp edge of a drain

pipe. Her only pregnancy began immediately after the first menstruation following her marriage.

Present illness began about the fourth month of this pregnancy with severe pain in the left flank, preceded by frequent micturition and relieved by the evacuation of a large amount of urine usually of a cloudy appearance. During this pregnancy there were two other similar attacks. During this period the urine showed a cloudy appearance, a plain trace of albumin, slightly acid reaction, specific gravity about 1020, rather low urea on the average, usually a few pus cells, no sugar, no casts.

The patient was delivered,  $2\frac{1}{2}$  years ago, of an eight pound baby apparently about two weeks overdue. Labor lasted about sixty hours; delivery was with high forceps following episiotomy requiring five stitches.

Although the lochia were normal, the perineal healing prompt and satisfactory, and involution took place normally, a morning temperature of  $99.2^{\circ}$  and an evening temperature of  $101^{\circ}$  to  $102^{\circ}$  continued for two weeks in the absence of any demonstrable pelvic or gastro-intestinal trouble or pain in any location except a dull ache in the left flank.

The patient nursed her baby for about eleven months, absolutely for about six months. During the  $2\frac{1}{2}$  years since this labor the periods have been both regular and painless.

The first post-partum attack of severe left-sided pain began about two months after labor, preceded by frequent urination, and followed by pain directed down the left side of the abdomen to the region of the bladder. The attack was relieved in about twenty minutes coincident with the evacuation of a large quantity of urine. These attacks have occurred as often as every two weeks, although there was one period of seven months of freedom from pain. Most of the attacks have required morphine hypo up to three months ago, since which time they have grown less severe.

A bacteriological examination of the urine two years ago was negative for *B. tuberculosis* and gonococcus, and positive for *B. coli communis*, staphylococcus, and saprophytic, and decomposition organisms. At this same time urinalysis showed a cloudy appearance, pus, trace of indican, no blood, acid reaction, normal volume per twenty-four hours, and urea about 2 per cent. In

the opinion of the urinologist consulted, there was nothing positively suggesting kidney involvement. Eight months ago the summary of the important abnormal findings included a deficient volume, low specific gravity, trace of albumin, deficiency in normal solids, presence of pus and connective tissue shreds. The analyses since that time have all shown about the same findings, there being more pus immediately following attacks.

(This report will be concluded in the July RECORDER. We should be pleased to have opinions mailed us as to the probable diagnosis in this very obscure case before the July issue is printed.—C. M.)

**Interpretation of X-Ray Findings.**—Emil H. Grubbe, B. S., M. D., of Chicago, says in regard to X-ray findings: "Like the microscope, the cystoscope and other diagnostic aids necessitating the use of delicate apparatus, the X-ray brings us information which takes much study for proper interpretation. Indeed, the proper interpretation of a radiograph is more important than the taking of the picture. To interpret a radiograph properly there is need of opinion from one who knows not only that pathologic shadows are present; how they differ from the normal; but also what particular disease they belong to. It must be admitted that to be able to do this work in a scientifically correct manner it is necessary that the operator become thoroughly educated and exceedingly expert by long, practical service in this particular branch of surgical work. A novice should not be expected to have a high enough degree of skill to make his work competent. An experienced operator can infer much more on viewing an X-ray plate than is ordinarily inferred by those not conversant with the details of this subject. He can see and locate lesions which would not appear to the uninitiated."

**Case of Ovarian Tumor Size of Child's Head.**—External appearance and feel that of fibro-cystoma. Fibrous portion nodular, cystic portion felt like many small "daughter cysts." Cut section showed no cysts or fibrous tissue but solid, soft, reddish-brown material which exuded juice on scraping. Diagnosis: Sarcomatous degeneration of fibroma of ovary. Hence fibroids may undergo malignant change. It has been demonstrated that many



cases of fibromata, which do not *show* malignancy, may cause malignant metastasis.

B. A. MCBURNEY, M. D.,  
5660 W. Lake St., Austin Sta., Chicago.

January 14, 1914.

**Advances in X-Ray Work.**—Dr. N. H. Lowry has developed tissue work in radiography so as to show: Outline of kidneys, heart, liver, structural detail of lungs, stomach, duodenum, colon and calcareous arteries in arterio-sclerosis.

### GENERAL LABORATORY TECHNIQUE.

JULIUS A. TOREN, M. D., CHICAGO.

While the presence of **preservatives in milk** may not be particularly harmful to adults in good health, the use of milk containing even small amounts of antiseptic substances by infants and small children is likely to be detrimental.

Following are a number of easy tests for the detection of the common preservatives of milk:

**Formaldehyde.**—(a) *Sulphuric acid test.* Place 1 or 2 c.c. of concentrated sulphuric acid in a test tube and add a small amount of ferric sulphate, sufficient to produce a pale yellow color. Float on top of the acid a mixture of equal parts of water and the milk to be examined. When formaldehyde is present a blue to violet color is produced at the line of juncture. Pure milk shows a greenish color.

(b) *Hydrochloric acid test.* Mix 10 c.c. each of milk and concentrated hydrochloric acid containing about 0.002 gm. of ferric chloride in a small porcelain evaporating dish and *gradually* raise the temperature of the mixture, on a water bath, nearly to the boiling point, with occasional stirring. In the presence of formaldehyde a violet color is produced, while with pure milk the color is brown. In case of doubt, the mixture, after being heated for about one minute, should be diluted with 50-75 c.c. of water, and the color of the diluted fluid noted, as the violet color, if present, will quickly disappear on the addition of the water. According to Hawk formaldehyde may be detected by this test when present in the proportion of 1:250,000.

**Hydrogen Peroxide.**—Add 2 to 3 drops of a 2 per cent. aqueous

solution of para-phenylenediamine hydrochloride to 10 c.c. of milk. If hydrogen peroxide is present a blue color will develop immediately upon shaking or allowing to stand for a few minutes. It is claimed that this test is sensitive to one part in 40,000.

**Salicylic Acid and Salicylates.**—Acidify 25 c.c. of milk with acetic acid, boil and filter. Shake the filtrate with an equal volume of ether and after separation has occurred pipette off the ether. Shake the ether extract with a dilute (straw colored) solution of ferric chloride in water. After separation the aqueous solution shows a reddish-violet color in the presence of salicylates.

**Benzoic Acid.**—Proceed as in the foregoing test for salicylic acid, but shake the filtrate with an equal volume of hydrogen peroxide solution before extracting with ether. By this treatment benzoic acid is converted into salicylic acid, which is then tested for by ferric chloride.

**Boric Acid and Borax.**—(a) A few drops of the filtrate obtained in the preceding test are mixed with a drop of strong hydrochloric acid and a drop of saturated alcoholic solution of turmeric in a porcelain evaporating dish. Place the dish on a water bath, evaporate the contents to dryness, and when cold add a drop of ammonia. A dull green color indicates the presence of boric acid or borax.

(b) Place 2 c.c. of milk in a porcelain evaporating dish, evaporate to dryness, and place dish directly over a low flame until all organic matter is destroyed leaving a gray-white ash. To the ash thus obtained add 2 drops of dilute hydrochloric acid and 1 c.c. of water. Place a strip of turmeric paper in the dish, and after allowing it to soak for about one minute, remove and allow it to dry in the air. The presence of boric acid or borates is indicated by deep red color which changes to green or blue upon treatment with a dilute alkali. According to Hawk this test is sensitive to 1 part in 8,000.

*(Continued next month.)*

## CLINICAL URINOLOGY AND RENAL THERAPEUTICS.

CLIFFORD MICCHELL, M. D.

**The Urinology of Gall Stone Disease.**—In a previous issue we directed attention to the fact that in portal congestions the quan-

tity of urine voided sometimes bore no relation to the amount of fluid ingested.

We also referred to a case in which the patient passed but little urine during the day and about twice or more as much at night of pale urine of low specific gravity.

Operation has since shown that this patient was suffering from gall stones as suspected.

Since there are many women in whom the presence of gall stones is not suspected, and since many women have this same habit of passing but little urine in the day time, compared with that voided at night, the latter being pale and of low specific gravity, it would appear that portal congestion and other hepatic conditions are not to be forgotten when the urinary features are as described in the previous issues of the RECORDER for 1914.

**Fallacy in Urea Determinations.**—The ordinary clinical instrument for urea determination is the Doremus or Hind's. There are two fallacies to be avoided in the use of these instruments with the hypobromite solution. First, the urine must be delivered very slowly allowing for diffusion of the gases evolved, and second, when the amount of urea is below one per cent. the tube should be allowed to stand much longer than otherwise. When the amount of urea is below one-half of one per cent. I am in the habit of allowing the tube to stand over night before taking a reading. In very dilute urines the evolution of urea is very slow, and the tube needs to be shaken gently, from time to time, to dislodge bubbles of gas which remain at the bottom of the liquid.

In allowing the apparatus to stand over night, a reading of several tenths more may be obtained than when the reading is taken as soon as the fluid appears to be at a level. A few bubbles may constantly rise to the top, and in one case a reading of five-tenths more was obtained on allowing the tube to stand over night.

Hence it is desirable to advise patients not to flood the system with water when an examination of urine is to be undertaken.

The matter becomes a serious one in pregnancy when we desire to calculate the ratio of urea to ammonia. Pregnant women often exhibit a polyuria and the determination of the

urea requires much care. In one or two cases seen the proper urea amount could hardly be computed at all owing to the slump in the liquid which took place over night.

**Fallacy in Sugar Determination.**—The use of the Einhorn fermentation apparatus for determination of the quantity of sugar is convenient, but a serious detriment is the fact that the tube shows only one per cent. of sugar in the 10 c.c. used, rendering dilution of urines, containing much sugar, a necessity.

Such dilution may give rise to curious discrepancies in results: thus a specimen of urine examined recently when diluted five times with water indicated nearly four per cent. of sugar by the Einhorn apparatus, but when diluted ten times showed only two and one-half per cent.

Hence I prefer to use the Einhorn apparatus for small amounts of sugar where apparently one per cent. or less is present, reserving the larger amounts for titration with the Benedict method as described in *Modern Urinology* or the Roberts fermentation method.

An objection to the use of the Benedict method, when small quantities of sugar are present, is found in the fact that the end reaction is not so easy to determine as when larger amounts are present: hence the Einhorn instrument seems to have a place, although, obviously, extreme fractional accuracy in quantities below one per cent. is not to be expected from use of this instrument.

**Wanted, a Stain for Urine Sediments.**—One of the many desiderata for the analyst is a stain for urinary sediments which shall infallibly distinguish red blood cells from white as in the case of blood examinations. Inexperienced persons report red cells in urine when there are no red cells at all, mistaking spores and white cells for them. The reason for this is the routine use of methylene blue stains or other dyes which, when diluted with the urinary water, fail to stain white cells appreciably allowing the tyro to infer that red cells are present. After trial of many stains suggested by various pathologists the writer still prefers to rely upon his eye for the differentiation between red and white cells in urine.

Lugol's solution is a good one for three reasons: First, it shows absence of casts: second, it stains round cells in a mass of squamous ones, and third, it does not stain crystals.



But Lugol's solution fails to distinguish red cells from white ones, except, perhaps, indirectly (in bringing out the granules and nuclei in white cells), and it stains so many organic extraneous objects which then resemble casts in outline that it is not a good positive test for casts.

The ideal urinary stain should be an aqueous one like Lugol's, but it should differentiate better.

**Coli Nephritis.**—Much interest is now manifested by clinicians in the suppurative inflammation of the kidney produced by the colon bacillus.

The infection is most likely hemic in origin, conveyed by the blood stream.

The etiology is that of bowel diseases, appendicular conditions often preceding it. Cholecystitis or injuries to the bowel may be antecedents.

The clinical features are sudden illness, chills, high fever, pain in one kidney or across the loins, together with frequent and usually painless urination.

The urine is diffusely cloudy when first voided, of acid reaction, and somewhat putrid odor. The odor of ammonia is not noticed in typical uncomplicated cases. The urine remains cloudy on standing owing to bacteria.

The urine contains pus, bacteria in great numbers and albumin but no tube casts.

Some cases are ushered in with hematuria, which may subside quickly after twenty-four hours or continue for weeks or months.

Bacteriological examination of the urine with culture reveals the colon bacillus.

The pathology is chiefly in the cortical portion of the kidney, which is the seat of numerous small abscesses like miliary ones in tuberculosis. They differ from miliary tubercles by being surrounded by a hyperæmic zone, and presenting a crater-like depression at the tip.

The course of the disease is usually acute with rapid subsidence, but in some cases acute recurrences take place.

The treatment is rest, ingestion of a large amount of distilled water (three or four quarts daily), salol in doses of 5 grains to 60 per 24 hours, and, if possible, after the subsidence of the acute symptoms rest for several weeks with a catheter fastened

into the urethra ensuring continous flow of urine until the bacteria have disappeared.

In chronic cases where the general health is much affected Wright's treatment is advised.

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## BOOK REVIEWS.

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A HISTORY OF LARYNGOLOGY AND RHINOLOGY. By Jonathan Wright, M. D., Director of the Department of Laboratories, New York Post-Graduate Medical School and Hospital. Second edition, revised and enlarged. Octavo, 357 pages, illustrated. Cloth, \$4.00, *net*. Lea & Febiger, Philadelphia and New York, 1914.

Anyone who knows the history of a nation, man or science, is not so apt to be led into foolishness as is one who has learned only "the latest" and whose favorite term for the wisdom of the past is "back number." The RECORDER has preached, off and on, for a quarter of a century, that the man who knows that part of his profession is the man who had the mental equipment to properly size up "the latest"—which too often goes to the scrap heap only to be dragged out again and again as something "new" by men who do not know the beginnings.

Dr. Wright has given the nose men a book in which they and, indeed, all scholars can get a clear view of the past as it concerns the nose. For instance, as a starter, we are given the word in 31 languages—from the "nas" of Sanskrit, the "nos" of Russia, down to the English "nose." In every tongue, old and new, the word begins with the letter "N," and there is a strong family likeness in all this lingual babel. The nose in medicine is traced from Genesis, through Egypt, Chaldea, Persia, the Talmud, Hindus, Greece, and on down to "the latest," and very interesting reading it makes. Also, here let us give a hint to the rhinologist who would shine as a star in the firmament of his society, that in this book he can get learned references in almost boundless abundance, ancient and modern, concerning everything pertaining to his specialty. Let us close with a specimen that will interest all men, laic and medic.

"When we read in Xenophon's *Anabasis* (III, 119) that the soldiers cried out when a comrade sneezed" (here follows the Greek, but we distrust our typos—and others) "'God save you,' immediately comes to mind the Frenchman's ejaculation, '*Dieu vous benisse,*' and the German's hail '*Gesundheit.*'" And to this a note tells us that this custom is older than the Greek civilization.

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### RADIUM.

"I have used radium for a variety of conditions and in different forms of disease for several years. I have used it in form of pads, triturated with sugar of milk, and in the form of radioactive water. Each form has been tested for radio-activity by either the electroscope or the photographic plate, so there is not the slightest room for doubt that all forms of radium which I have used have been thoroughly effective and contained radium in a quantity to produce degradation of matter—its normal function. The triturations which I have used have been triturated after the method of homœopathic pharmacists up to the twelfth, thirtieth and sixtieth decimal triturations. This might at first sight indicate that there was so little radium in these triturates that they possessed no radio-activity, but each of them made pictures on the photograph plate, so there is no room for doubt. Instead of the repeated triturations up as high as the sixtieth decimal, made by Boericke & Tafel, of Philadelphia, of these triturations decreasing the power of the contained radium to produce degradation of matter and carry on radiation, I am convinced that the mere trituration of these triturates by power pestles (they were not mixed merely but they were triturated) increased the radio-activity of the contained radium because it placed the component particles in a still smaller and finer degree of subdivision, and it was for that reason more acceptable to the body processes of radiation."—*Frank F. Casedy, in Wisconsin Medical Record.*

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## EDITORIAL NOTES AND COMMENTS.

THE GERM THEORY.—Here is a line from C. M.'s editorial in *The Clinique* for May:

"The first blow at homœopathic enthusiasm was the germ theory——"

In fact, this theory gave a body blow to old medicine, whether it be homœopathic, allopathic or eclectic.

It changed the world-old conception of disease as being the result of sin, *i. e.*, the violation of the laws of physical sanity, to the idea that it belongs to entomology. It also swept aside the family physician and put in his place the official army, whose duty it is "to repel the invasion of the enemy," putting communities under martial law at will, and regarding the private physician as the regular army does the "home guard." Nothing was ever invented by man containing greater possibilities for unrestrained power over high and low, rich and poor. It has closed all the little medical colleges that once turned out good men and will ultimately drive out the physician who is not in the medical army and under orders from his superiors. And in the meantime disease pursues its old course, save where the humble sanitarian gets to work.

"Microbes are always found where there is disease. They are also found where there is no appreciable disease, and may be the result and not the cause of disease."—*Virchow*.

A KNOCK ON THE GERM THEORY.—*Ellingwood's Therapeutist* propounds the following problem: "There have been so many



cases of tetanus reported from the hypodermic use of quinine that it will soon become necessary for the theorists to explain how a positive germ disease can be caused by as efficient a remedy as quinine, as it has been proven beyond controversy that in the most of these cases the most careful tests have failed to find the bacillus of tetanus."

ANOTHER KNOCK.—Dr. C. E. de M. Sajous opens a paper on "The Internal Secretions and Their Limitations," in the *Monthly Cyclopedia and Medical Bulletin*, as follows: "There are features of our methods of investigation which, analyzed even by laymen, would evoke not only surprise, but merited criticism. A laboratory worker will perform an experiment or a series of them and, on the few more or less solid facts gleaned therefrom, will erect a theory. This theory may be faulty and fit with none of the data garnered from other directions; the experimenter himself may be untrained technically and scientifically; but it matters not; the man has performed experiments; hence his conclusions are entitled to consideration and are heralded far and wide. A vast aggregate of data furnished by a host of men working on such a plan cannot but lead to confusion and delay in reaching sound knowledge on any question."

WHO WROTE "THE BEAUTIFUL SNOW?"—The world has always been full of disputes as to priority. Here is another to add to the list. The *Revue Homœopathique Française*, for March, publishes a long paper by Dr. Bernard Arnulphy, in which he says that, at the International Homœopathic Congress, held at Paris, 1900, he read a paper on the clinical employment of *Cratægus oxyacantha*, which, he says, was the first mention of the medicinal uses of that drug in Europe. That may be true of Europe, but in 1896 the *New York Medical Journal* printed a paper on this drug by a doctor Jennings. This attracted no attention until the HOMŒOPATHIC RECORDER took the matter up a year later. The delay was owing to the fact that we consider it useless to print papers about drugs that are unattainable, as was the case with *Cratægus* in 1896. After the publication of Jennings' paper, or, rather, letter in the RECORDER, a demand set in for the drug that has never abated. Also, before 1900, there had

been many papers published in various journals in this country on that remedy. These are the facts, as can be seen in *New, Old and Forgotten Remedies*, a book published in the year 1900, which contains three papers on the drug, all prior to that date.

REAL SECTARIANS.—Personally, we could never see why the term "sectarian" should be considered a reproach, because every man who believes anything is open to it. Even the Allopath is one, for while he doesn't believe in his own medicine he does believe that by divine right he is called upon to "regulate" all medicine. He gets red in the face at "sectarians," yet, according to the *Medical Century*, within a year he has expelled a man for "practicing Homœopathy." He is a queer bird (officially, of course) with only one idea, which is that everything medical is damned that doesn't come from him—and his isn't worth a — the same.

SET ASIDE THE VERDICT.—A dispatch from Wilkes-Barre, Pa., says that a jury returned a verdict of \$3,000.00 to a widow against Swift & Co., of Chicago, for the death of her husband from eating "diseased meat," but Judge Woodward set the verdict aside. The grounds for this were that the packers had complied with the law and the meat had been passed by the U. S. Inspectors and bore their stamp. Mr. Upton Sinclair, by his sensational novel, "The Jungle," was the cause of the inspectors being appointed. We do not know much about the rules governing judicial decisions, but the judge might also have remarked that as this was the only death from that meat, and, presumably, many others had eaten of it, there must have been other cause for the death.

DUST.—The *Medical Council* gives us a most interesting editorial on "dust"—not the kind that slangy man wants, but the other kind. "In 'the heavens above, the earth beneath and the waters under the earth,' in all of them there is dust, and in all dust there is germs. The kingdom of dust is an universal one, and the rule of this kingdom spells disease. The kingdom of dust is the kingdom of death." What can man do, then, but wait patiently, with Christian resignation, or philosophically, for his lethal whiff

of germs? Or may not this overwhelming presence of germs be an overwhelming, but uncomprehended, argument that disease and death come from other causes? One man goes through the thickest of this kingdom of dust and death to the allotted three score and ten, hale almost to the last, while another, who lives a careful, sterilized life, drops out before the first gray hair appears or the down shows on his upper lip! Even if one accepts germs as the genesis of disease, how unutterably and pitifully futile is man's warfare against a universe of cause. Kismet is the terminal of that philosophy.

A SCIENTIFIC MIX-UP.—The *Lancet* prints a paper by Dr. W. M. Crofton, Dublin, under the heading, "Some Causes of Failure of Vaccine Therapy." He opens his paper by a reference to one read by Dr. Hector Mackenzie last year before the National Congress of Tuberculosis in London in which that gentleman stated that he had yet to see a case recover under vaccine treatment that would not have recovered if ordinary methods had been employed. Also, lately, Dr. B. Shaw had expressed the same opinion. But, Dr. Crofton then relates six cases from his own practice to refute these heretical opinions, after which he gives the causes of failure. These are:

1. "Failure of patient to react."
2. "Failure to diagnose the infecting microbe."
3. "Incomplete immunization."
4. "Failure to give the doses at proper intervals."

The first cause of failure is clearly the fault, or the misfortune, of the patient. The second is clearly the fault of the doctor. The third is misty to all but the esoteric, while the fourth is a problem. And then, to make it worse, Dr. Crofton says, further on in his paper, that, "I would like to repeat, and emphasize, that you cannot tell in any given case the size of the dose that must be attained before success is achieved," whence it follows that all this is something you can only guess at, and trust to luck.

All things considered, it looks as if it might be truly said that fortunate is the patient who is treated homœopathically.

MEDICO-LEGAL.—An English coal miner was accidentally hurt by a fall of coal and for about three years the mine owners paid

compensation and then stopped it, on the ground that the man had fully recovered. A doctor was called in and said the man had recovered from the direct effects of the accident, but not from the indirect effects, namely, he had grown too fat to work. The court ruled that there was no direct connection between this condition and the accident, consequently the claim for continued compensation was denied.

COOKED MILK FOR INFANTS.—Vincent, in the *Lancet*, contends if the "Pasteurization" or heating of milk destroys the pathogenic organisms "then undoubtedly the vital principle of the milk is destroyed." He also adds, "I have never seen a single child that has thrived on such a diet provided the milk has been really Pasteurized and the child has received nothing but milk." He intimates that those who survive this diet do because of other things given in connection with it. In view of the fact that many of our health boards are insisting that nothing but cooked milk shall be served the public the question is a very important one, for if Vincent is right they are hurting instead of protecting the public health.

FURTHER ADVANCES.—After immense sums have been spent killing rats it's now learned that they are more sinned against than sinning, for it is the flea that is the guilty party responsible for the plague, or for spreading it, at any rate, as we learn from an editorial in our respected contemporary, the *Journal of the A. M. A.* The *Journal* admits that the whole matter is "complicated," with which conclusion all will agree. The plague comes with the rains and goes with the dry season, yet the fleas, rats and other vermin persist. Surely it is very complicated. However, if our learned friends can abolish fleas, men and dogs will honor them.

THE END.—Not long ago some one, perhaps several, asserted that the end of civilization was the extinction of the civilized. Who originated this idea we do not remember, but it seems to have some foundation in fact. History squints that way and here is another straw blown in that direction. A Dr. Finch, in a letter to the *Lancet*, incidentally says that "those who have in-



spected country children are constantly being struck by the fact that children in 'backward' country districts, who show signs of neglect and poor nutrition, are possessed of remarkably good teeth." Yet the more "civilized" a people become the more they need the dentist. The philanthropic, ever and anon, leave vast fortunes to "elevate the lower classes," with their good teeth, to the dentist every year. In this state of affairs there is a fallacy somewhere, which our scientific medicine men ought to seek. More good to humanity would result from the solving of these problems than from the discovery of a brand new bacillus, for, indeed, the more of these that are discovered, apparently, the more need of the dentist. It seems to us that the salvation of our present civilization is in Homœopathy—and all that it implies, which is a big proposition, for even Homœopaths do not always realize its scope.

ANTITOXIN.—The following is clipped from *The Council's News Letter*, No. 2, which credits it to the *Cosmopolitan*: "Take diphtheria anti-toxin, for instance. The mortality percentage has never been as low for anti-toxin as it has been for other remedies. Doctor Newmann, of Potsdam, found that, in his private practice, without serum there was an average of only 1.6 per cent. mortality, as against 15.4 per cent. in the city infirmary, where serum treatment was used. Lueddecken, using cyanide of mercury, reported a mortality of 1.2 per cent. Hulol and Goubeau, employing per chloride of mercury, report a mortality of 4.7 per cent. Kastorsky, using an alcoholic solution of menthol, treated thirty-seven successive cases without a death. The latest reports of Metropolitan Asylum Board, England, show: Without anti-toxin (in 583 cases) mortality 1.88 per cent.; with anti-toxin (in 4,839 cases) mortality 10.18 per cent."

BETWEEN THE EVIL ONE AND THE DEEP SEA.—That is, we are all in that condition if what the following clipping from the *Journal of the A. M. A.* is telling the truth:

"The New York Milk Committee has just sent to Governor Glynn the statement that 500,000 of the 1,500,000 dairy cows in this State are tuberculous and that 40 per cent. of these are spreaders of the disease. The suggestion is made that the Webb,

bill, providing for a compulsory examination of all dairy cattle and the destruction of all showing physical signs of disease would only slightly retard the spread of the disease. It was urged that such physical examination of dairy cows was irregular and uncertain and would only detect a small percentage of the cows affected. It was stated that the only reliable method of detecting bovine tuberculosis was by the tuberculin test. It is asserted that 90 per cent of the residents outside the city of New York consume raw milk and are therefore exposed to infection."

Koch, as we all know, said that bovine tuberculosis is not transmittable to human beings and butchers say if what "them fellers" say is true there never was a cow that was not tuberculous. If every person, place, thing and article of food in which bacteriologists find "danger" is to be squelched then there will be nothing left. If ultra modern medicine isn't more conservative the public will sit down on it.

DECIDING ETHICS BY VOTE.—Addressing the New York State Bar Association, Ex-Chief Justice Cullen deplored the decline of personal liberty in America. "Today, according to the notion of many, if not most people, liberty is the right of part of the people to compel the other part to do what the first part thinks the latter part ought to do for its own benefit." Today the custom is to decide questions of right and wrong by a vote. The "majority" is the "voice of God," an absolute despot, yet with each election it rolls from side to side like a ship in a storm, which is an absurdity to those who hold that right is something that a vote has nothing to do with.

THE HAIR OF THE DOG. The following is quoted from a paper by our esteemed friend, Dr. E. Stillman Bailey, in the *Medical Times*:

"Historically, small-pox was known to exist as a scourge among cattle owners two centuries ago because of the cow-pox sickness."

"The earliest notice of this vaccination protection is attributed to a dairymaid who became immune to small-pox after a cow-pox inoculation. For several decades the rural gossip carried around the virtues of this form of prevention."

"It was Pasteur who first demonstrated that material progress in the treatment and prevention of the so-called infectious diseases could only be achieved by the recognition of the fact that the production of active resistance to an infecting agent on the part of a susceptible animal necessitated the introduction of the infecting agent within the animal body: in other words, that acquired immunity, be this absolute or relative, temporary or permanent, is merely a phase of infection."

It is the old Greek dramatist's "hair of the dog that bit you:" in other and later words, "isopathy," or, still later, "vaccine therapy." But with due regard to this *very* ancient doctrine, there are still a few who ask, "Why take the hair before you are bitten?" Or, if you prefer it, why suffer "a phase of infection" to prevent the same thing from which you suffer when you take the "hair of the dog?" That this exceedingly ancient doctrine, which goes back to the time when the site of philosophical Athens was a wilderness, was lifted, by Pasteur, by the scruff of its neck, to a front seat on the band wagon, where ever since it has been barking at all on the sidewalks, is most true, but what the unregenerate one on the sidewalk wants to know is—Why?

It reminds us of an old Virginia gentleman we knew in boyhood's sunny hours. This old gentleman was seen riding down the road one day on his horse, his clothers all covered with mud. Another gentleman of the F. F. V.'s asked him, Why the mud? The reply was that he felt sure he would have a fall so as he saw a nice soft mud hole in front of him, and beyond it a pile of stones, he voluntarily fell into the mud-hole and thus escaped the harder fall.

MODERN THERAPY—OR ADVERTISING.—"However, if given before the tetanic symptoms become visible, it will, in the majority of instances, save the life of the patient." So writes Mr. Slee, in *Clinical Medicine*. Tetanus has followed from the prick of a needle, the slight snip of the toy pistol, the abrasion of the vaccinator, on up to great injuries, so what rule is to govern the honest doctor in the matter if he is to inject tetanic antitoxin before the symptoms become visible to "save the life of the patient?"

DR. RABE RESIGNS.—Dr. R. F. Rabe has resigned the chair of Professor of Materia Medica in the New York Homœopathic Medical College.

MEDICAL LAWS.—After reading an editorial on a bill, with its amendments, the idea arose that if some energetic one would form “a Society for the Suppression of More Medical Law” he would be doing a noble work or, at least, be backed by high aims. The country is obsessed by such a tangle of medical law that it is doubtful if anyone comprehends maze, but as if this were not enough, the state and national legislating bodies are beset by certain men urging more legislation. Whether the mania that possesses the country for reforming everything from the bridal chamber to the grave by legislation is mental lightness, or a desire on part of some to rule, or for offices, is a profound problem.

AN ANCIENT JOKE.—It will bear retelling for a new generation has come on the boards since. It was when Ernest Hart was editor of the *British Medical Journal*. He got hold of a homœopathic book on therapeutics (Dewey’s) and the *Stramonium* symptom, “has visions of animals coming toward him from every corner,” struck his sense of humor and he wrote some very witty stuff about it, but the real joke came in when it was pointed out to him that Hahnemann got the symptom from “regular” authorities.

AS IT IS.—The *American Journal of Surgery* says, editorially: “The medical sciences have become so amplified that no individual any longer attempts to master all of their branches. Medical practice has now become a matter of team-work. In the diagnosis and treatment of a surgical disease, the patient, who can afford it, has the advantage of several experts in several specialties. The family physician once represented all of the skill—both medical and surgical. Later the surgeon represented all of the surgical skill. Now the surgeon shares it with other specialists having to do with surgery.” And the hair continues to be split again and again. It would be rosey if all patients were rich, but the trouble is that very few are—and the result? Why, the cults, that even the Legislatures cannot put down. King’s *Medi-*



*col Union, No. 6*, seems to become more of a prophecy and less of a satire every day.

The day of the family physician is coming again.

MEDICAL RULERS.—From the *Medical Advance* it is learned that Dr. H. M. Bracken, of the Minnesota Health Board, wrote to Dr. R. del Mas, a homœopathic physician of that State, that, "I will do all I can to prevent your having to do with any diphtheria cases in the State, if you do not believe in antitoxin." Dr. Bracken would have delighted the heart of Mahomet, or, rather, of his successors, the caliphs, who reformed religion by killing all who would not take on their faith, that Mahomet was the Prophet. At one time Dr. Bracken's allopathic ancestors said sternly that the doctor who would not bleed his patients—venesection, of course—was guilty of murder. They also taught that giving water to a fever patient was deadly: so untold numbers died of thirst. From these instances, and many more that could be cited, one would think that our medical rulers would have learned a little modesty, but, it seems, they are as cocksure as ever. Another thing they should learn is the fact, and it is a fact, that the sick are not criminals to be handed over to the officers of the medical law to be dealt with as they see fit. There might be some excuse for the assumption of power if the health board knew how to cure after it had arrested the criminal. It is, indeed, to their credit that they make no claim in this direction. They burn a little incense to the disease devils, cart the patient off, inject some virus into him and then go home to dinner, thinking they have done their duty.

Things in this respect will never be right until the doctor in charge of the case is the supreme authority and the public officials those on whom he can call if needful. At present it is a case of putting the head where the tail should be.

A HOAX.—One of the Berlin daily newspapers is skeptical concerning the wonders claimed by modern Allopathy and doesn't hesitate to say so. Some one wrote a fictitious account of a paper supposed to have been read at the last Congress of Internal Medicine, in which the learned essayist said that the much lauded modern medicine is a "humbug." The daily paper fell into the

trap, printed the account and commented on it, which proceeding "caused much amusement in medical circles." It isn't wise for a grave profession to hoax a newspaper and its readers; it is easily done, but the reaction falls on reputable physicians as well as on the light-headed joker.

ADVICE TO TEACHERS OF MATERIA MEDICA.—This is it (Richard Hughes, of *Pharmacodynamics* fame, gave it): "Where Hahnemann has proved any substance, let the teacher begin his article upon it in the *Materia Medica Pura*, showing the book to his students. \* \* \* How few practitioners, how few writers on and expounders of materia medica (tell it not in Gath!) possess this work, or have ever seen it!"

CONCERNING SKIN DISEASES.—Dr. H. K. Gaskill, of "Jefferson," Philadelphia, contributes a paper to the *Journal of the A. M. A.* on "Bromid Eruption Simulating Blastomycosis or Eczema." It is a well written and finely illustrated paper, a paper that will be useful as long as our esteemed friends of the allopathic sect continue to give drugs in quantities to cause such conditions. In speculative moods one wonders why it is that learned men cannot see that doses of drugs that would make a robust man ill cannot have other effect on an invalid; also that each drug is an entity fitted only to meet certain distinct conditions which they, as learned men, should know.

THE LATEST SALVARSAN TREATMENT.—It makes an old homœopath hustle to keep within sight of the advances in medicine. Three Salvarsans quickly followed each other, each in turn being as near perfect as human power could make it. Now, in brief, comes "Salvarsanized serum." The patient suffering from "syphilis of the nervous system" is injected with the Salvarsan, and in due time blood is withdrawn from him, its serum separated and then put back into the man from whom it was drawn. Better make haste for it may go the way of all the latest treatments. The technique may be found in the *Journal A. M. A.*

This serum, we believe, was what was used in the Los Angeles accidents.

PROMISE AND ACHIEVEMENT.—The big medical journals, the newspapers and the magazines teem with eulogies of the achievements of the school of medicine that says Homœopathy is "sectarian." When you get down to facts about all that has been done of any value is sanitation. The *Journal of the A. M. A.*, editorially, says: "The economic and social problems connected with the feeble-minded are of far greater importance than the average 'man on the street' realizes. Whatever the cause, the fact is that this class is increasing enormously in all civilized countries." When we consider the fact that it is in "civilized countries," where the dominant medical school has almost absolute power, and is backed by the police force, one can hardly help thinking that that dominant medicine instead of reproaching "sectarians," "quacks," etc., ought to prayerfully and very humbly examine its own household.

ALLOPATHY VS. HOMŒOPATHY.—The answer of Dr. S. B. Hooker, of Boston, to the papers, by Dr. J. B. Nichols in the *Journal of the A. M. A.*, and by Dr. A. Bassler in the *Medical Times*, rejected by both of these allopathic journals, is printed in the March issue of the *New England Medical Gazette*, together with the correspondence, the whole taking about sixteen pages. It is all interesting and the letters from the "official" are very suggestive. They suggest (to skeptics, at least) that as the "officials" are on top they do not propose being crowded—a sort of, To the Nether Regions with the fellows who question our *Authority!* Right here is the central point. How they got the civil authority doesn't matter, they have it, and *that* is what they are defending. If you come under their authority you can practice anything from that modern form of voodooism, "suggestion," to radium, red light, or anything else, but keep out of that law of nature. Homœopathy, for it is anathema. It is useless to reason with men who are primarily defending the authority they possess. Six patients die from their "science" in a Los Angeles hospital. They do not deny it, they admit it is "deplorable"—and plunge into bacteriology, and oblivion for an answer. The rank and file of their men are not of this nature; very many of them are practicing Homœopathy, but they know what would happen

if they were to offer a paper at a meeting of the A. M. A. on the brilliant results they have achieved by homœopathic medication—and so does everyone else. Rational freedom is necessary for the attainment of better things, but it is not possible where men are compelled to accept the say-so of other, and no wiser, men, on any given point. "If you investigate Homœopathy you are lost," so they tell their graduates. Is it "science," this attitude?

ALLOPATHIC MEDICINE AND LOGIC.—In the department of the *Journal of the A. M. A.* headed, "Therapeutics," and presumably official, it is said concerning the "tubercle bacillus:" "This germ has been shown to be active when in excessively weak solutions (tuberculous sputum diluted 400,000 times and injected into guinea-pigs will produce the disease); hence there is no good tubercle bacillus except a dead one." Are you sure, O learned brother, that you can dilute four hundred thousand times and still have the live "bacillus" in each drop of the water? Cannot you see that you are rather heavily following the path blazed by Dr. J. Compton Burnett in his book, *New Cure for Consumption*? That your "dilution" is an approach to his *Bacillinum*? At times it seems as if some of the allopaths are beginning to emerge from the Slough of Bugs into which they fell some years ago. If nothing else will lift them out logic ought to do it. According to the above statement if every consumption bug were dead there could be no more consumption, even though the conditions continued to exist—which is a howling absurdity. If tuberculosis is due to living creatures—"there is no good tubercle bacillus except a dead one"—why, then, logically, physicians are but entomologists, who should fight disease as the Agricultural Department does the San Jose scale. The RECORDER has had a higher opinion of medicine and physicians than to believe that.

The prevailing idea, that disease is but due to the "invasion of living creatures," opens up a tremendous field for the exercise of power, and official medicine becomes another war department with dictatorial powers, which would not be possible if the old idea that disease is chiefly due to the way a man lives prevailed. Hence, possibly, they hold the "living" disease entities have on official medicine.



## PERSONAL.

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*Public Health Reports* says that the rat has become "a globe trotter."

Oh, ye good families! They now say, scientifically, "blue blood is a pathological condition."

"We arrived in the morning and disembarked from the three sleeping cars."—MEDICAL EDITOR.

"When released from the hospital his first stop was at the undertakers," is an inscrutable news item.

However snugly it fits the ass in the lion's skin can always be detected by the way he fights.

Germans say that Englishman, discovered in the gravel pit, 80,000 years old, is not "above suspicion."

The psychological objection of all sane men to the whistler is that he murders music.

*Calc. carb.* is "apt to tell lies," which makes it a polychest of polychrests.

We know the owner of a "catarrh cure" who is a sad sufferer from catarrh.

Some men think work is a curse; then has the tramp solved "the problem."

The "toleration" crank is intolerant of every one with a conviction.

A learned French journal recently told its readers that "Boston is the home of the cake walk."

To paraphrase Jane Caryle, We all have a Christian resignation for the sufferings of others.

The trouble with most learned words is that we cannot remember what they mean after looking them up.

The poorest economy is cramping the library and buying "cheap medicine."

Quarantine doesn't touch the cause, but is mostly the bluff of ignorance.

"Danger in ready-made garments!" Pray the H. B. will not fumigate new togs—they're hard to get.

A learned gentleman says that seasickness is not a microbic disease, and, therefore, not quarantinable.

One "gets results" from any old thing.

For an easy life "believe with the crowd."

"Loss of memory" is a very frequent symptom of patients after they are cured.

A guest became angry because the hotel clerk asked him his name after looking at the register.

Claude remarks that "sanguineous effusion" sounds much better than "bleeding."

# THE HOMŒOPATHIC RECORDER

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## RANDOM NOTES ON THREE BIG MEDICAL MEETINGS! ATLANTIC CITY.

How many national societies met there? So far as the reporter heard there were the American Medical Association; with it, in time, at least, the International Hahnemannian Association, and, over-lapping these, came, at the end of the week, the American Institute of Homœopathy. Sandwiched among them were the National Society of Physical Therapeutics, the medical editors. The O., O. and L. men, the surgeons and, mayhap, others. Certainly the gay city by the sea was a medical storm center from June 22 to July 4th. The rolling chairmen, the police and every one else addressed visitors indiscriminately as "Doctor."

### THE A. M. A.

The first sign of disturbance appeared in Philadelphia on Sunday, June 21, when, from 50 pulpits, the reverend M. D.'s of the A. M. A. expounded the medical gospel to the Quaker City people. Among the notable preachers were Surgeon Howard A. Kelly, Pure Food Harvey W. Wiley, Magazine Doctor Wood Hutchinson, and 47 others. One of the preachers, J. W. Kerr, of the U. S., said that "the church should become the center of public health education," and, no doubt, shocked the good churchmen. J. C. Bloodgood, who specializes cancer, preached on his specialty. Among other things, he said: "The cure of cancer, at the present time, is not to be found in a drug, nor a serum, nor in a ray, nor in a miracle, but simply in the education of the people as to the signs of its beginning in purely local lesions, which will lead to recognition and treatment in the most favorable stage for a cure." The reporter has his doubts.

Sumner, of the Iowa Health Board, cut to the quick when he exalted motherhood, saying the woman who deliberately ignored it was living a life contrary to the divine plan, for he preached from a fashionable pulpit.

The preachers were not all agreed, for Brenneman, of Pittsburgh, denounced the "methods savoring of quackery" in the application of radium to cure cancer. Many things were hammered by the reverend M. D.'s, such as the wine cup, the meat diet, divorce and other popular things, but space is limited.

Down at Atlantic, while the pulpit orators were expounding, their brethren promenaded the board walk, took in the "movies," concerts and other worldly things. Men were there from the five continents and the islands.

Among the landmarks of the meeting was a hurrah to ignore the code of ethics and "enlighten the masses," the whole, of course, leading up to the Owen bill, or "crystallizing public opinion in favor of proper legislation."

One of the editors, at their meeting, said that the trouble with ethical medical journals is "that they do not reach the public" and no doubt many an editor thought, with a sigh, "nor the profession either to an alarming extent."

President Victor C. Vaughan's address had a little fun poked it by outsiders. He said that the Roman Empire, Greece and Egypt went down on account of disease, chiefly malaria, whereat one newspaper remarked that if the Roman Empire had slept under mosquito netting it would have been alive to-day. The spirit of this address and of others is rather noteworthy, as it indicates a reaching out for things that do not properly belong to medicine, at least as it was once understood. In their zeal for the good of humanity these gentlemen seem to want to take over the power of the church and state, which, indeed, they would have to do to carry out everything advocated. For instance, Dr. S. C. Knoff, of the N. Y. Health Bureau, said, in effect, that poverty and social injustice are the cause of tuberculosis. To do away with these world-old conditions would be something of a contract even for the A. M. A. It looks as if our esteemed "regular" friends have given up all thought of cure and are now bent on prevention, something that would require unlimited power and money—and probably fail. From

the cradle to the grave the people would be "supervised" if everything that was advocated was to be put through, but it is doubtful if man and taxpayers would stand for this form of rule, especially as the would-be rulers do not all agree among themselves except on the one point—that they should boss things.

President Vaughan said concerning typhoid that it was not the germs that caused the disease, but a ferment they give off, which gets into the blood. At any rate *Baptisia*, *Bryonia* and other homœopathic remedies will continue to cure the disease. (Vaughan didn't say this.)

Another member said that "the knife still leads in cancer." To this we may add that the homœopathic remedy should lead. This assertion may be regarded by some as an evidence of being a moss-back, but cancer has been cured by these remedies, and cancer, and remedies, have not changed.

Just here it may be stated that during the homœopathic meetings there was some warm differences of opinion expressed as to whether a homœopathic physician should be a member of allopathic societies and retain his membership in the homœopathic organizations. It has always seemed to us that the individual should be left in freedom in this matter.

#### THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

While the A. M. A. men were in full swing the men of the I. H. A. arrived on Thursday, June 25, and at once went into action under the able leadership of President Dr Franklin Powell, of Chester, Pa.

The meetings were held at "The Holmhurst," on Pennsylvania avenue, in a very pleasant basement room, where things were quiet and comfortable. As usual, this reporter makes no pretence of reporting the details of the meetings, but will only jot down a few items that may prove, it is hoped, to be of some interest.

There were somewhere in the neighborhood of a hundred members and visitors present. A goodly number of the A. M. A. men were at the hotel, but they, while very friendly, were not conspicuous at the sessions. The following incident well illustrates the mental state of our allopathic brethren. It was related



by a well known New York doctor. A child was afflicted with a growth on the chin. Medical science did what it could and then said the case was hopeless. The parents then called in a homœopath. After a year the case was not cured though improved; but the parents were dissatisfied and took the child back to the scientists, who were astonished at the improvement—and put it back on their old treatment. Why they did so would be a good question for an old debating society.

In the course of events we ran across an osteopathic physician, who was so enthusiastic over his branch of medical science, even saying that typhoid was amenable to their thertment—they could abort 99 per cent. of their cases, he said—that we sprang it on some of the I. H. A. men. The reply from one man was “they have the enthusiasm of ignorance.”

Concerning the old school hobbies, such as typhoid vaccination, Dr. John Hutchinson said that since it has been in vogue in the United States, England and France tuberculosis had notably increased among those vaccinated. “Safety first in medicine as in railroads should be the motto.”

Apropos of a paper read, one man remarked that “Homœopathy is taught to-day in our colleges by toleration only:” not that the students do not want it, or that the colleges do not desire to teach it, but there are so many other really unessential things that the students must master to pass the examining boards that they have no time for anything else. At this Dr. Frank Patch said that the Boston University was considering the establishment of a Post-Graduate School of Homœopathy.

The general subject of teaching Homœopathy in the colleges led to a long discussion. Dr. Williams, of Providence, R. I., said that not every student's mind could grasp the philosophy of Homœopathy; by which, we presume, he meant that homœopaths, like poets, are born, not made. We have always had a general idea like that concerning all doctors; in fact, that principle runs through all professions or occupations. Several speakers held the idea, or seemed to, that Homœopathy is a very deep and abstruse science requiring the profoundest study, but one man contended that, on the contrary, Homœopathy was very simple, requiring no profound philosophy and quoted Hahnemann in proof. He also said that Constantine Hering main-

tained that the best way to spread Homœopathy was by the family medicine chest and book; he backed this up by his own experience and so arrived at the very logical conclusion that if the mothers of the family could successfully practice Homœopathy it could not be so profoundly abstruse as some of his brethren seemed to think. Like all really great truths Homœopathy is essentially simple, requiring not profundity, but good observation and considerable common sense.

All of this led Krichbaum, of Mt. Clair, N. J., to remark, anent, "teaching the people," that the average man does not want to be told what not to do, but does want something to enable him "to do it again." Krichbaum's philosophy, much as it may be disputed by the altruist, is, we fear, in the category of square-toed fact. Doctoring humanity is, at best, a job that ought to fall to practical philosophers with an "M. D." tacked to their names.

One member said, in discussing a paper, that he had distributed six copies of Hahnemann's *Organon*, three to graduates of homœopathic colleges and three to allopaths. He said that the first named returned the books with the remark, in effect, that the book is "out-of-date," while the others said it was worthy of deep study. All of this involves a proposition that is puzzling, for, judging from much talk heard, it would seem that the allopaths are coming in increasing numbers to realize the basic truth, known as Homœopathy, while the men graduated from our own colleges too often hunger for "recognition."

Dr. J. B. S. King, of Chicago, read us a paper in which he went deep into the very latest in the matter of microbes, the origin, the continuance, the progress and all that sort of thing in the scientific view of disease, including the "side-chain" theory. This paper showed that Dr. King has freely burned the midnight oil. He intimated that homœopaths ought to know these things, but the reporter thought, Why? Supposing it is absolutely true that the heptaphores, and the thingasnagigs do act so and so, theoretically (for the essayist told us, no one had ever seen them in action), of what avail is it in the end of medicine, cure? However, it was a genuinely scientific paper according to the high lights of the German wise men.

Dr. G. B. Stearns, of New York, read a paper in which he

told of a family whose great-grandfather had been very gouty and the mother full of uric acid. Without going into details it may be said that every descendant of that family was afflicted with something that might be called a chronic disease. This note is made as a confirmation of Hahnemann's theory (or fact) that all such diseases are the result of some miasm (very old fashioned word!), or, in older terms, "the sins of the fathers," or heredity—not "bugs."

One member spoke of the importance of examination of patients and confessed to three bad failures on his part because of lack of it, which is something very unusual, for, as a rule, at medical meetings we hear only of successes. Some one suggested (not in the meeting) that we ought to have a Bureau of Failures. It would be very instructive, but, perhaps, the chairman might have difficulty in getting papers.

A paper by Dr. Williams, of Providence, R. I. on what might be called "suppression" caused much confirmative discussion. The topic was the "curing" of disease by external applications or operations. One man told of an old man who had a bent leg, requiring a wooden peg at the knee to enable him to walk. A young physician, full of the enthusiasm of youth, persuaded him to have his leg straightened by surgery, which was successfully done, even brilliantly, but the man promptly developed tuberculosis and was buried inside of nine months. The operation had let loose a colony of bacilli. Another man told of a mole that was successfully excised, but again the patient soon died of tuberculosis. So the discussion ran, one man after another telling of cases operated on or treated by external, or topical, applications, that promptly developed something worse, that ended by the undertaker being called in. All went to confirm the truth of Hahnemann's theory of chronic diseases. In that book you will find nearly a hundred similar cases alluded to. The whole matter amounts to this—you cannot cut out a disease nor wipe it off.

Here is a therapeutic point mentioned by Dr. Williams: Give *Carbo veg.* "high" for cases in which all symptoms have disappeared but one, which persistently lingers.

Dr. G. B. Stearns, of New York, read a paper on the now fashionable "taking the blood pressure." In the discussion the

opinion seemed to incline to the belief that it is better not to attempt to reduce the pressure, *i. e.*, to treat it alone, on the same principle as when they used to give antipyretics or ice baths to reduce the temperature. In the case of one elderly person with an abnormal pressure, as related, it was reduced, but the patient became worse, and remained so until the pressure was allowed to take its course, when he promptly got better. Several other instances were cited of a similar nature. One man said that, as a matter of fact, few know how to take the pressure.

Dr. Elizabeth M. Baer, of Philadelphia, read a paper, "Is Homœopathy Dying? What Is the Remedy?" She said, in effect, that what ails Homœopathy, the old school and the world generally is "the profit system." She concluded with the terse assertion that "the cure is socialism." It is very plain, to the reporter, at least, that man-made laws will never change human nature, which is the same under all forms of government.

Dr. E. W. McAdam, of New York, read a paper on *Pulsatilla*, from which the following points were jotted down. A noteworthy indication for the drug is where the patient frequently licks his dry lips. Another, is a crack in the middle of the lower lip. The *Pulsatilla* patient is rarely troubled with constipation. Also, when in health these patients daily have two or even three normal stools "which may account for the fact that they are generally of a cheerful disposition and have a pleasant face." Finally, the drug may be called for in men as well as women, and in brunette as well as in the blonde.

During a talk fest on the hotel porch Dr. A. P. Bowie, of Uniontown, Pa., told of one of his youthful experiences, which had a moral attached for all doctors. A young man came to him, who was given *Natrum mur.* 30. The doctor let him know what it was. The man "read it up" in a copy of Lipp's *Materia Medica* and, as he saw his own symptoms there, accused Dr. Bowie of poisoning him. He tore that leaf out of the book and carried it around with him showing it to every one. The affair became serious, but in time blew over. Afterwards the man apologized. "It taught me never to tell a patient what I give him," concluded the narrator.

Eighteen new members were elected to the I. H. A. Dr. A. E. Taylor, of Chicago, was elected President.



## AMERICAN INSTITUTE OF HOMŒOPATHY.

On Sunday evening the Institute opened literally with a bang. The big special train from Chicago, with 104 members, pulled in in time for dinner. There followed the usual memorial meeting. When this was over the elements gave a preliminary deluge of rain, followed by an electric display, in which fire seemed to flash and stream in all parts of the heavens, accompanied by a wind of near cyclonic force, as evidenced by some of the big rocking chairs on the Chalfonte porch doing acrobatic stunts. Every one, however, seemed to enjoy this big commotion except those whose hats went a-sailing.

From Boston to the Rockies and around to New Orleans and Florida draw a line, include delegates from Europe and Asia, and you will have a compass of the delegates assembled. There was much hand-shaking, greeting of widely separated friends, cordiality was in the air, and every one seemed happy.

Promptly on Monday the session opened. President Wilcox gave a preliminary address, the keynote of which was "Organization." He outlined a plan to have the local societies combined with the State societies and these, in turn, federated into the National body, the American Institute of Homœopathy, so that homœopathic physicians in all parts of the country could have a strong organization back of them that would protect them, as the flag of his country protects a citizen. It is a plan well worked out and we hope it will go through.

We cannot tackle the papers of this great session—haven't the ability or space. Only a few side lights and points can be given.

The evidence of the preceding A. M. A. men was seen when three children, squatted on the floor of "The Chalfonte" by a basket containing discarded sanitary penny drinking cups, with which they were playing, the colored gentleman in charge of that section came up and said: "Chillen, yoh bettah let dem cups alone, cause dey's full of germs."

Dr. Merz, of Indiana, had his fine alligator medicine case stolen from his auto, he said, and three days later the local newspaper sent word to him that they had his property. The thief found the case full of "deadly" poisons, like *Arsenicum* 6 and left it on the steps of a poor man, who carried the dangerous thing to the newspaper's office, probably because newspaper men are rather tough and can stand anything.

The usual full-dress reception came off on the big Steel Pier and was a fine affair, as the lady doctors and the wives and daughters of the physicians were out in unusually full force. Entertainments were numerous—bridge parties, trips "outside," auto rides, "smokers," banquets, besides the limitless places of amusement, including the cabarets, where continuous song and dance goes on until daylight is not far off. Cannot say whether many took these in, though some did, we believe. The whole country seems dancing mad.

Atlantic City is certainly a favorite place for the holding of conventions, for even grave doctors and scientists love the follies of life occasionally: in fact, many of the "seniors" seemed to be gayer than the young man.

In his formal address, President Wilcox said that he was convinced that the American Medical Association "is fast degenerating into a political machine, bent on throttling everything that stands in its way" of obtaining power. Eugenics was—or is it, were?—praised and liquor denounced.

Dr. Byron E. Miller, of Portland, Oregon, was elected president on Tuesday.

Dr. James C. Wood, of Cleveland, O., reported that the recently organized College of Surgeons had recognized homœopathic surgeons. It seems to us that the homœopathic surgeons ought to lead the College in time, for, with their therapeutics, they can greatly aid the patient's recovery. Also, incidentally, with good homœopathic remedies there ought not to be the need of much surgery. But that day has not arrived.

At all of these meetings Homœopathy is strongly upheld, yet an old practitioner told us that he had sent his son, a graduate of an allopathic college, to a homœopathic institution to take a course in Homœopathy, but after a year the young man came home and said that the men there only tried to practice "scientifically" and did not know how; if their practice was Homœopathy he did not want it.

Dr. Sarah M. Hobson, the new Secretary and editor of the Institute's *Journal*, seemed to an onlooker to perform her duties well. She has a decidedly feminine voice, yet it carries well. We hope that she and the new business manager, Mr. Hoyt, will make the official organ a success. Running an official journal is

not an easy editorial job, we fancy, as there are so many who have, ex-officio and otherwise, a finger in the pie.

Dr. E. Petrie Hoyle, the world promotor of Homœopathy, was present. The International Society is doing some great work, and very good work. He delivered a most interesting lecture, illustrated with various slides.

Dr. C. H. Duncan, of "auto-therapy" fame, showed up, boiling over with enthusiasm. Every case of illness, he argues, is a proving of a poison and if you take some of that poison, freed from the bacilli, and put it back into the patient, you have the highest form of Homœopathy. We told him that there was a screw loose in his logic, but he said "it works!" Stock vaccines are a snare and a delusion, he said, "dangerous," but his therapy is the long sought universal panacea. With the numberless sure cures floating around, or found on the exhibitor's tables, illness ought to be made a criminal offense. Possibly it will be with patients confined in big allopathic hospitals if the A. M. A. has its way.

One remark we picked up expressed the belief that tooth brushes were very bad for the teeth; they, as it were, scrubbed them away.

The Chicago Hahnemann College had an exhibit, a very fine one, containing one very remarkable feature, namely, hook-worms. In the minute field covered by a high powered microscope could be seen about a dozen worms appearing when magnified to be an inch long, semi-transparent and all of them in motion, swimming about as though in an aquarium. Some lover of hook-worms stole the slide after its first day.

It was apparent that the members were by no means unanimous in supporting some of the sentiments expressed by President Wilcox in his formal address: they did not like committing the Institute, founded to promote Homœopathy, to the support of prohibition, eugenics and the like. Among numerous comments, pro and con, was the statement that parts of the human race had used (and some of it abused) alcoholic drinks since the time when Noah planted his vineyard, and that the races using these drinks were the conquering ones. It was a rather curious argument though not original, but, then, originality is a scarce thing. It seemed to many that in the jostling multitude of new

things, fads and reforms, it would be well for the old Institute to stick to its text—Homœopathy. Let the individual preach what he pleases, but do not try to commit the Institute.

Wednesday afternoon and evening was the time set apart for boat rides and banquets of the various college and other societies; they all came off satisfactorily, but the elements were cranky and sent more or less rain all day.

Item. Heard that *Nux vomica* 30 is one of the best "heart tonics," for irregular action.

Dr. Blackwood and his students of "Hahnemann, Chicago," have made a very striking proving of *Euonymus*, which will shortly be printed. We suggested that he, or some one, ought to prove that most theatrical of remedies, *Heloderma horridus*, which, so far as known, has some most curious features almost akin to death. Try it in the 100th or 200th at first and then come down. You will find what is known of it in *New, Old and Forgotten Remedies*.

On the great Boardwalk a doctor asked one of the "paper from your own town" newsboys for a paper from ———. The boy thought a moment and said: "Aw! that ain't a town, it's a graveyard."

One day the Atlantic City Review had sketches of the heads of four members, arranged in a group. Dr. T. Franklin Smith, the treasurer, looked as if he were thinking of his delinquents. "Riley, of Mo.," looked like Blackie Daw, the companion of "Get Rich Quick" Wallingford; Sarah Hobson ought to sue the artist (S. P.?) for libel. Dr. H. F. Biggar was a good picture of the college youth with his "straw lid" on the back of his head and down on his ears, so affected to-day, and, finally, Sawyer, of Ohio, looked as if he wanted to "smash" some one. Another sketch "at the S. and G. Meeting" depicted a fierce orator shaking his fist at a yawning listener.

Among the papers that received attention was Dr. F. M. Dearborn's on leprosy. He said that five cases had been discharged from the Metropolitan Hospital cured. Dr. J. I. Dowling also interested the reporters by attacking the handkerchief as a germ carrier. We did not hear the address and the news men did not say what should be substituted. You see, with three or four sections going at the same time, the exhibition room, a



lobby full of physicians, many of them interesting talkers and Atlantic City around you, it is hard to settle down on any paper, no matter how interesting.

This is not an Institute item, but it may interest some reader: The Cleveland-Pulte Homœopathic Medical College has been incorporated as a Department of the Ohio State University.

The International Hahnemannian Association received 18 new members and the Institute 175. Here just note—you ought to join, at least, one of them.

As all know, Lippe's *Materia Medica* has long been out of print, though it was highly valued in its day. Dr. C. M. Boger told us that it is incorporated in his big work, *Characteristics and Repertory*. He said Lippe's book was a translation from Bœnninghausen and that he, Boger, made a new translation of the same for his book. You will find it in the homœopathic book catalogues under "Bœnninghausen." Boger's book also contains much more than this translation.

You will all be glad to learn that the veteran treasurer, T. Franklin Smith, reported a very comfortable balance on the right side of the ledger.

All of the exhibition space was taken and would-be exhibitors were turned away for lack of space.

There were about 1,200 physicians and visitors registered by the hard working Register, Dr. W. O. Forbes, of Hot Springs, Arkansas, a place where they fix up the physical wrecks in great style. Look him up if you ever visit that really wonderful spot.

Dr. Edward Beecher Hooker, of Hartford, Conn., is President of the National Society of Physical Therapeutics, which met in conjunction with the Institute. Among the things he said that attracted the press was this: "It is well worth our while to study the phenomena of maturity and old age, and learn, if we can, the reasons for the vastly different terminations of life." But we *cannot* remain young, doctor, can we?

The big "Chalfonte" could not begin to accommodate all those who applied for bed and board and so they were scattered over the town. A good many were at "The Holmhurst," and as one of them, the reporter, he can say a good word for that house, which treated us right, the landlord, Mr. Darnell, giving us auto rides and trips on his fine, big boat and other appreciated at-

tentions, besides not exacting exorbitant rates. This isn't a paid puff, understand.

Our ex-secretary and editor, Dr. J. Richey Horner, got himself into the limelight and even into editorial notice of a big Philadelphia paper, by saying that the world does not need eugenics, but does need the old fashioned marriages for love—or something sane like that.

All told it was a big and successful meeting, an assembly of interesting men, but if you think it is an easy task to write it up just try it! The reporter has done his best, but, to paraphrase the prayer, no doubt he has written things he should not have written and left unwritten many things he should have written, especially the latter.

E. P. A.

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## HYSTERIA.

**By Dr. Orestes L. Garlinghouse, Iola, Kansas.**

Hysteria from the Greek *histera*, meaning womb, a disease mainly of young women, characterized by lack of control over acts and emotions, by morbid self-consciousness, by exaggeration of the effect of the sensory impressions and by simulation of various disorders. Everybody who has ever practiced medicine has seen hysteria.

Symptoms of the disease are hyperæsthesia, hypersensitiveness, pain and tenderness in region of the ovaries, spine and head; anæsthesia and other sensory disturbances; choking sensations; paralysis; tonic spasms; convulsions; retention of urine, vasomotor disturbances; fever, hallucinations, catalepsy and development toward hystero epilepsy and Jacksonian epilepsy.

Hysteria-major is hystero epilepsy. Hystero-epilepsy is the severe type of "hysteria *with* convulsions," simulating those of true epilepsy. At first here occurs loss of consciousness, followed by stage of violent spasmodic movements and mental disturbance.

Hysteria-minor is hysteria with mild convulsions in which "consciousness is *not* lost."

For convenience we may classify as follows:

A—Primary (appearing at adolescence).

B—Hystero (with reflex symptoms associated with disorder of the generative organs).

C—Climacteric.

D—Traumatic. Cervical lacerations, etc.

E—General spinal irritation (spinal anæmia, hyperæmia).

F—Anxiety neurosis (becomes possessed of a fixed idea generally of having committed a wrong).

G—Angiopathic (nerve supply of blood vessels affected, causing a sensation of beating or pulsation involving the whole body; demography).

THE CAUSES of hysteria are as follows—

A—Hereditary nerve sensitiveness, inter-marriage of relatives and inter-marriage of the very nervous types.

B—Overwork or worry.

C—Shocks (with or without injury).

D—Infection—ovarian and tubal.

The ovarian infection is caused most frequently by infection from physicians' dirty instruments, in gynæcological treatments, causing large or small ovarian cystoma, which cystoma alone, if not removed, will cause severe and dangerous types of hysteria, hystero epilepsy, and soon will develop true Jacksonian epilepsy; also ovarian and tubal cystoma and infective salpingitis caused by abusive and frequent, disgusting abortions and miscarriages; and by various types of venereal infections, which is the rule rather than the exception that hystero epileptic symptoms and conditions develop, frequently the sole cause of Jacksonian epilepsy.

E—Abuse of stimulants or narcotics.

F—Abuse of sexual functions, sexual excesses and bad effects of suppressed sexual desires.

G—Abuse of digestive functions.

Differential diagnosis.

A—Exclude hypochondriasis, melancholia, incipient paresis.

B—Prognosis guarded as to complete cure; it may last for years.

Many physicians are prone to treat hysteria just as lightly as do the laity, who are ignorant of the meaning and translation of these characteristic phenomena. Some good authors hold that "hysteria is not a disease but a temperament," as do some physicians agree; while in truth and reality it should be a condition for our most careful thought and consideration, our differentiation, our etiology, our diagnosis, our prognosis and our treatment.

Bartlett says, "Hysteria, strictly speaking, is not a disease, but a temperament, and its successful treatment depends upon the successful application of suggestion. Of course, all persons of hysterical temperament do not present symptoms sufficiently severe to demand the services of a physician. Nevertheless, any one who has much to do with the treatment of such patients cannot help noting the disposition to exaggeration of symptoms is present whatever may be the nature of the illness. To manage such patients successfully, one is obliged to be positive and adopt every device to save the patient from her own imaginings. Neurasthenia, as its name signifies, is nerve exhaustion, and is managed for the most part by applying the principles of rest.

The prophylaxis and the treatment of hysteria demands correct ideas as to the etiology of the disease. As I have already stated, the hysterical temperament is the first factor. This cannot be cured; but it can be controlled; especially in young subjects. The various exciting causes which have been brought forward to explain the occurrences of the illness would be inoperative in normal individuals. Bad educational influences constitute a most important cause; indeed, it is one which the family practitioner has within his control, if he will but assert himself tactfully and positively. The hysterical girl is taught by force of example to watch and magnify every unimportant ache and ill, and to direct mind to self; permitted to lead a life of selfishness without the pursuit of any praiseworthy aim or occupation, very slight emotional influences are sufficient to call forth the wildest hysterical manifestations.

No consideration of the prophylaxis of hysteria can be complete without reference to its alleged relationship to utero-ovarian disease. In former years hysteria was regarded by all as a disease of the female generative system, an opinion that gave it the name by which it is generally known. Recent clinical observations show most conclusively the fallacy of such notions and assign the cause of hysteria to the nervous system. In favor of the utero-ovarian origin of hysteria are the following statements: In many instances, an alleged ovarian tenderness is present, aggravation of which, by pressure, is sufficient to bring on a paroxysm; during paroxysms ovarian pressure sometimes puts an end to the



seizure. In many cases it is not pressure on the ovary alone that is sufficient to precipitate or put an end to an attack, but pressure in quite widely separated localities has a like effect. The improvement following oophorectomy and other surgical operations is not always proof of the special value of those procedures.

There is one thing which the physician should never do when consulted by a hysterical patient, namely, to pass the illness off as mere nervousness and dismiss the case with the advice, "Forget it." Just as certainly as such advice is given, will another physician be consulted. Fanciful though the patient's ails may be, she is nevertheless sick, and requires help. If she cannot get aid from one physician, she will get it from another.

Isolation is necessary to some extent in all cases. In severe ones it must be carried to the degree of removing the patient from all friends and relatives.

The next element is the rest treatment.

Some cases require restricted rest only from the beginning. Other cases are not sufficiently ill to require absolute rest.

*Electricity.*—The electric treatment is carried out with a two-fold object. First for the relief of special symptoms, in which cases the ordinary rules of electro-therapeutics are used as guides; and, secondly, as an aid to massage, in giving the patient sufficient exercise. A large amount of time and space has been devoted to describing the wonderful cures that have been obtained from the use of high frequency currents in the treatment of hysteria. As a matter of fact, very few cases of hysteria should be treated by means of this form of current. A low blood pressure is usually present in cases of hysteria. High frequency currents tend to lower blood pressure still more and this fact must not be lost sight of. Static electricity, which raises blood pressure, is really the proper modality to employ. Some physicians employ high frequency currents in hysteria for the psychic effect. The static machine will produce all the psychic effect needed, together with the proper effect on the blood pressure.

Last, but by no means least, comes the diet. This should be conducted with the view of getting the patient to partake of as large quantities of food as possible selected by the physician.

*Ignatia* stands at the head of the list of hysterical remedies. This position it merits by reason of its symptomatology. No

remedy has better developed it than the globus hystericus or the characteristic headache, which has been compared to a sensation as a nail driven into the head (clavus hystericus). Following the seizure there is a profuse flow of urine of low specific gravity. *Ignatia* is one of the important remedies for the convulsive manifestations, being indicated in a very large proportion of truly hysteroid seizures. The mental condition of the patient is very uncertain, being characterized by alternate periods of laughing and crying; she is of a very emotional temperament. The etiology of the *Ignatia* case is grief, which the patient is very fond of nursing.

*Moschus*. Special symptoms calling for it include profuse pale urine, globus hystericus, headache, violent eructations of gas, uncontrollable laughter, alternate moods, sexual desire increased even to nymphomania, hiccough, and bad temper.

*Asafatida* may be used for both the sensory and motor symptoms.

*Valerian*. The sphere of this remedy is best described by Dewey: "The patient must be kept continually on the move; but exertion causes headache, and the slightest pain causes fainting. There is a sensation as if something warm were rising from the stomach; this causes a difficulty of breathing; there is also present fear, tremulousness and palpitation. There is a state of nervous excitement; the patient is apt to be joyous, lively and talkative."

*Pulsatilla*. The mental condition under this remedy is one of depression, but the patient inclines to weep in the presence of others and seek sympathy. Changeability of symptoms is apt to appear at puberty.

Jousset gives the most complete resumé of the homœopathic literature of the therapeutics of hysteria from which the following summary was prepared:

Convulsive Form—Ether, chloroform, *Moschus* and cold water.

Hystero-Epilepsy. *Calcareo carb.*, *Causticum*, *Cuprum*, *Ignatia*, *Nux vomica*, *Cocculus*, *Tarentula*, *Belladonna*, *Stramontium* and *Hyoscyamus*.

Hysterical melancholia with suicidal tendency. *Ignatia*, *Conium*, *Calcareo carb.*, *Arsenicum*, *Pulsatilla* and *Mercurius*.

Hysterical melancholia with homicidal impulse. *Arsenicum*, *Mercurius*, *Platina*.

Hysterical restlessness. *Ignatia*, *Tarentula*, *Hyoscyamus*, *Stramonium* and *Cannabis Indica*.

Hyperæsthesia. *Aconite*, *Belladonna*, *Nux vomica*, *Ignatia*, *Sepia* and *Tarentula* if the hyperæsthesia is cutaneous. *Nux vomica*, *Ignatia*, *Plumbum*, *Pulsatilla* and faradism if it is myalgic.

Paralysis. *Aconite*, *Arsenicum*, *Aurum*, *Mercurius*, *Hyoscyamus*, *Ignatia*, *Nux vomica*, *Plumbum* and *Kali bromidum*, if anæsthesia is the prominent feature.

*Ignatia*, *Nux vomica*, *Cuprum*, *Tarentula*, *Cocculus*, *Plumbum* and *Conium*, for hysterical paraplegia.

Contractures. *Cocculus*, *Cuprum*, *Lycopodium*, *Mercurius*, *Ignatia*, *Zincum* and the *Solanceæ*.

Rhythmical Chorea. *Actea racemosa*, *Causticum*, *Chamomilla*, *Lycopodium* and *Tarentula*.

Pseudo-Meningitis. *Cuprum*, *Ignatia*, the *Solanceæ*, *Tarentula*, and *Stannum*.

Lethargy. *Belladonna*, *Chamomilla*, *Cuprum*, *Mercurius*, *Tarentula*, and *Magnesium*.

Cough. *Tarentula*, *Corallium rubrum*, *Cuprum*, *Ambra grisea* and *Viola odorata*.

Palpitations. *Aconite*, *Moschus*, *Tarentula*, *Nux vomica*, *Platina* and *Hydrocyanic acid*.

Syncope. *Aconite*, *Nux vomica*, *Cuprum*, the serpent venoms and *Apium virus*.

Anorexia. *Chamomilla*, *China*, *Cocculus*, *Conium*, *Ferrum*, *Ignatia*, *Dulcamara*, *Magnesia carb.*, *Mercurius*, *Muriatic acid*, *Aconite* and *Pulsatilla*.

Vomiting. *Nux vomica*, *Graphites*, *Plumbum*, *Opium*, *Petroleum*, *Pulsatilla*, *Creasote*, *Sepia* and the *Iodides*.

Pseudo-peritonitis. *Belladonna*, *Veratrum* and *Colocynth*.

Tympanites. *Taraxacum*, *Chamomilla*, *China*, *Lycopodium* and *Carbo veg*.

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## VIOLET LEAVES IN CANCER.

Editor of the HOMŒOPATHIC RECORDER:

Referring to the article of Dr. H. F. Woods in the May, 1914, number of the RECORDER, page 215, in which he reports a case of cancer of the breast, relieved by violet leaves. I think it may be of interest to the readers of the RECORDER to know of my experi-

ence with the violet leaves in cancer of the breast. April 4, 1913. Mrs. H. consulted me for cancer of the right breast, a typical case. In addition to the indicated homœopathic remedies, I had her make an infusion of violet leaves, and had her wring cloths out of the infusion and apply but three times a day. Among the internal remedies used during this course of treatment have been *Arsenicum iod.*, *Calcaria iod.*, *Conium* and *Thuja*. At the present time, the breast is not more than half the size it was in the beginning and the tumor is almost entirely gone. A peculiar feature in this case is the drawing in of the right side of the breast, apparently due to the tumor being attached to the tissue immediately under the skin, and as the tumor shrinks it draws in the wall of the breast. The patient complained of some itching of the breast, but not sufficient to cause her to abandon the use of the violet leaves. While I cannot discharge her cured yet her general health has improved continually throughout the year and she has had very little pain.

M. A. KESTER, M. D.

1125 W. 22d St., Los Angeles, Cal.

May 30, 1914.

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## THE LEMON CURE FOR FELONS AGAIN.

Editor of the HOMŒOPATHIC RECORDER:

I did not add to the "lemon cure" for whitlows, T felons (see RECORDER, May, page 203) what I could have done truthfully, namely, that in all the many cases in which I have employed it and recommended it during seven years on the dispensary staff of the Homœopathic Hospital, at Pittsburgh, previous to 1875, and in my practice since, that it acted as a preventive to future felons, for in not a single case in which it was used did there come another attack. Whether *Citric acid* prepared homœopathically would do the same thing I do not know, as I was so sure of the "lemon cure" that I never had to have recourse to anything else. Hoping you will so use a lemon on your finger at any rate.

I remain fraternally,

STEPHEN WOODS, M. D.

Grafton, Pa., May 21.

Hahnemann, Philadelphia. 1875.



**MAGNESIA PHOSPHORICA.**

Editor of the HOMŒOPATHIC RECORDER.

I was much interested in the remarks and comments of Dr. Vondergoltz, on Magnesia Phosphorica, and am pleased to accept the corrections he makes regarding the biochemical use of this remedy, as compared with Schüssler's original translation.

It was not my purpose to discuss the remedy from a biochemic standpoint, but, as near as possible, to give its homœopathic indications as I had found them, and class of cases in which it had served me best. Not being a biochemic prescriber I wished simply to refer to its use as a tissue salt and perhaps did not do it justice. Dr. Vondergoltz has given a very comprehensive picture of the remedy, biochemically, which should greatly help us in working out cases homœopathically.

DR. ALEXANDER C. HERMANCE.

67 St. Paul St., Rochester, N. Y.

**MY PERSONAL OPINION.**

Editor of the HOMŒOPATHIC RECORDER.

I have for many years maintained that the APPENDIX was not placed in the human abdomen by chance or as a left-over and in a paper read by me to our medical society in 1895, I stated that its probable function was to secrete and discharge into the intestinal canal a normal lubricating mucus at stated times, and that it was not unlikely that the healthy activity of the intestines depended, at least, in some degree, upon this much abused organ.

This is now the accepted opinion of many prominent physicians and surgeons of all accredited schools of medicine. Strong pleas are being made that surgeons cease from performing appendix operations for any except the most URGENT reasons.

After treating hundreds of cases successfully without the knife I am more than ever convinced that HOMŒOPATHIC PRESCRIBING will cure more than ninety per cent. of those afflicted and without jeopardy.

J. ARTHUR BULLARD, M. D.

200 So. Franklin St., Wilkes-Barre, Pa.

## THE WISCONSIN HOMŒOPATHIC MEDICAL SOCIETY.

The Fiftieth Annual meeting of the Wisconsin Homœopathic Medical Society is a thing of the past and hopefully, optimistically they are facing the new half century. The Golden Anniversary was one to be long remembered by the participants. The papers presented were well written and provoked discussion and that is one of the ear marks of a successful paper—one that makes others want to discuss it. An added flavor was given to the meeting by the presence of Dr. Dewitt G. Wilcox, the president of the National society. His scholarly, scientifically, thoughtfully prepared address was one purposed to win the profession to support "The Renaissance of Homœopathy" and write the name of Homœopathy to-day where Hahnemann put it in his day—in the very forefront of research work. Dr. Wilcox occupied the full time of the Bureau of Homœopathy and longer time would have been accorded him had he had the time to give but he had to dine and catch a certain train for the East. He was tendered a luncheon in the Fern Room at Hotel Pfister, noon Friday, May 22nd. The members of the society enjoyed a banquet in the Red Room on Thursday evening at which the chief speakers were Dr. Linn, of Oshkosh, the retiring president, and Dr. Joseph Cobb, of Hahnemann college, Chicago. Dr. Burdick, of Janesville responded to the toast "Our Absent Members" and Dr. Hopkins of Oconto to "Our Banquet."

We bespeak for the new officers a prosperous year supported as they should be by every Homœopath in the state. They are:

President—F. T. Clark, M. D., Waupun.

Vice-President—S. W. Murphy, M. D., Kenosha.

Treasurer—F. E. Brown, M. D., Milwaukee.

Secretary—Minnie M. Hopkins, M. D., Oconto.

Delegates to A. I. H. Drs. Hopkins and Beebe.

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## COUNTY KINGS SOCIETY'S DOINGS.

The 475th regular meeting of the Homœopathic Medical Society of the County of Kings was held at the Medical Library Building, Brooklyn, May 26. The occasion was the second annual visit of the Homœopathic Medical Society of New York

County, the papers of the evening being furnished by the visiting society. Dr. Walter J. Crump, president of the New York Society, was invited to preside.

Dr. H.C. Duncan presented a paper entitled: "The Unmodified Antitoxins: a New Method for the Prevention and Cure of Disease." Dr. Duncan's paper was on the nosode theory with the addition of the intermediary host, the products of disease to be fed to cows or other milk producing animals, and the milk given to the patients. In the case of infants the mother was to be the intermediate agent. Dr. Duncan told of his success in the treatment of disease by this method and spoke of it as being an advance upon his former ideas of treatment by the nosode direct. The paper was discussed by Dr. R. I. Lloyd, Dr. A. Von der Luhe, Dr. W. H. Freeman, Dr. Rudolph Rabe, and Dr. M. Louise Turton.

Lr. Rudolph Rabe read a paper entitled: "The use of the Homœopathic Remedy in Emergencies." Dr. Rabe's paper was a plea for a saner homœopathy, the use of the remedies where they were indicated. He mentioned empyema as an instance where the remedy would fail unless surgery were also called in to assist the prescriber. This paper was discussed by Dr. Freeman, Dr. Lloyd, Dr. J. B. Given, Dr. John F. Ranken, Dr. L. D. Broughton, Dr. Orlando S. Ritch, Dr. A. J. Stewart, and Dr. Walter J. Crump. It was an interesting discussion of the methods of teaching in the colleges, and whether the homœopathic philosophy received its full share of attention. The difference in views of the various professors making a difficult problem for the student and probably accounting for the lack of real homœopathic prescribing when young men enter the hospitals as internes and engage in active practice. Dr. Rabe brought out the curious fact that it is rare for a homœopathic prescriber to be called in consultation, the rule being most universal to call consultants for diagnosis.

Dr. Reuel A. Benson read a paper entitled: "Observations on 1,500 Artificially Fed Infants." The paper was a review of the work done in the milk depots for infants in the city of New York. This paper was discussed by Dr. Jeremiah T. Simonson, and Dr. W. R. Iszard.

The Homœopathic Medical Society of the County of Kings was scheduled to visit the New York Society on June 11, when papers will be read by Dr. H. B. Minton, Dr. James B. Given, and Dr. George H. Iler.

L. D. Broughton, secretary.

(It seems to an ordinary mortal that the feeding of cows with diseased matter and then giving their milk to patients is about the limit of the fantastical—out Heroding the serum Herod. Also, to the same plain person it would seem that if homœopathic physicians do not practice Homœopathy at least to a reasonable extent, sooner or later the world will awake to the fact and turn to the men who have been openly taught what it seems “allopathy” rather than to those who arrive there surreptitiously. Editor of the HOMŒOPATHIC RECORDER).

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### SALT. TOO LITTLE AS BAD AS TOO MUCH.

In Nov. 1912 the RECORDER printed an abstract of a paper showing the evils following the excessive use of salt, and now here is the gist of a paper by Alexander Haig, London (*Medical Record*) on the evils following absence of salt in the diet. After giving details of some cases he writes:

“I now believe that this has been the cause of not a few breakdowns among vegetarians and others who are ignorant of the facts. In recent years I have kept a watch on salt or its absence as a possible cause of defective nutrition with results resembling those of underfeeding. I have thus seen a considerable number of cases in which an increase of salt has caused a very marked improvement in nutrition and in the production of urea from the proteins of food. I have also met with some cases of obstinate dyspepsia in which absence or deficiency of salt was the sole cause of trouble.

“After these experiences I began to study the literature of salt, and I came upon facts which appeared to suggest that common salt (sodium chloride) is one of the things in the complete absence of which human life does not flourish and will not continue. I say purposely “complete absence” because it is possible to live a considerable time, even a year or two, without swallowing any visible quantity, indeed, it may be quite inten-



tionally left out of all foods, and yet if the body has a small store of this substance in its fluids and tissues sufficient to supply the chlorine required for the hydrochloric acid which is daily excreted into the stomach in gastric digestion, the whole physiology of the body may go on for some time without showing any noticeable departure from the normal.

"The quantity of sodium chloride required by a meat eater for the digestion of a day's food is small, and for the purpose of our argument here it may be put down as from 12 to 30 grs., half a teaspoonful at most.

"Chloride is the substance that is wanted; sodium is common enough in all kinds of foods, but chloride apparently is not so, and amongst vegetable foods almost the only ones which contain it are the nuts, and it is not a little remarkable that it is thus to be found in our natural food. The chloride which is made use of as hydrochloric acid in the process of digestion is taken up into the blood again along with the products of digestion, and is thus used over and over again. So that as long as the body has 30 to 40 grs. of sodium chloride in its composition available for this purpose all may go well.

"But when there is salt in the blood towards the end of the digestive process some part of this will pass out of the body through the kidneys and be lost. We may probably put this minimum daily loss at 8 or 10 grs., so that if 8 or 10 grs. are supplied day by day in the food (and this is a quantity which would quite easily pass unnoticed as regards taste) the body may go on functioning quite well for a considerable time.

"Now nuts can supply just such a small daily quantity and a man who eats from 4 to 6 oz. of nuts per diem will thus introduce into his body a small quantity of chloride, enough probably to make up in some cases for the daily loss through the kidneys, so that he may go on well and quite believe that he is living without salt. It seems to me that there is widespread misunderstanding in regard to this matter, and my point in this paper is that apparently there must be some chloride in the human body or life will diminish, flicker, and go out as a lamp does when no more oil is available.

"It seems to have been proved that certain alkaline foods tend to sweep chloride out of the body and that animals that live

on these foods (herbivora, frugivora) want more sodium chloride than those, like the carnivora, whose food is more acid and does not tend to remove chloride from the body so quickly."

After stating that vegetables and alkali will sweep chlorine out of the body Dr. Haig continues.

"Now nearly all wasting diseases such as chronic dyspepsia, vomiting, diarrhœa, chronic pulmonary disease, and chronic enteritis of all kinds will do this, hence the marasmus in children, which follows so frequently on diarrhœa, vomiting, or any catarrhal trouble of the intestines or bronchi, may be due in part to sweeping of chloride out of the body, and I have found, as a matter of fact, that very many cases have weak hearts due to defective muscular nutrition, and this still further interferes with nutrition and hinders recovery, producing in children conditions very closely parallel to neurasthenia in adults.

"In my experience such marasmic children do very well and show a most gratifying increase in weight and strength if from 5ss to ʒi or more of chloride of sodium is added to their food with a small dose of a heart tonic such as strophanthus. It is now my practice to administer chloride of sodium to all children who are suffering from such troubles, and I use it as a routine treatment in convalescence from summer diarrhœa and vomiting."

After some remarks on the action of alkali, the paper concludes.

"The patient who has deficient chloride in the body, will probably also exhibit other well-marked signs, such as debility, subnormal temperature, slow capillary circulation, with more or less dilatation of the heart, and possibly, as a result of this some enlargement of the liver with congestion of the stomach and duodenum, which are also the well-known clinical signs that accompany wasting and marasmus in children. Then the mere administration of salt in sufficient quantity for a few weeks may not only remove the signs of alkali dyspepsia but also the signs of debility and marasmus if the heart is not too weak for its work.

"It seems clear that the quantity of salt required in any given case is greatly influenced by such factors as food, climate, and

nutrition; by anything, in fact, that affects the alkalinity of the blood and tissue fluids. All factors that increase the alkalinity of the body sweep out increasing quantities of chloride and require an increased dose both to counteract this and to replace the reserve of sodium chloride which has been depleted.

"Hence feeble nutrition tends to perpetuate itself if the salt factor is not taken into account, for the more feeble the nutrition the more alkaline the body and the more it will be deprived of its salt reserves.

"Patients who suffer from low salt reserves often have a strong crave for sugar, fruit, and acids such as vinegar, and this I think is really a modified salt crave. When the natural salt reserves have been replaced the craves both for salt and acids disappear.

"No doubt the sugar or acid does some good by keeping chloride in the body. The great improvement produced in nutrition by sugar may be due in part to its raising the acidity and keeping the salt reserves in the body, as well as to its action in keeping the blood clear of uric acid, *i. e.* improving nutrition at the cost of an increased tendency to gout or rheumatism.

"In my opinion salt should be increased in every case of debility, marasmus, wasting disease, rheumatoid arthritis, and chronic catarrh (intestinal and bronchial) and the effects on nutrition and the excretion of urea watched.

"It seems to me that the whole subject of malnutrition may require to be reinvestigated in the light of these facts. We have to find out on the one hand how much of our failure to treat chronic wasting disease including tuberculosis with success is due to the administration of drugs which are often of quite secondary importance, while the salt factor, which is clearly of the utmost importance in nutrition, is either entirely neglected or treated only inadequately with a little hydrochloric or nitrohydrochloric acid. On the other hand we have also to find out how many deaths now attributed to neurasthenia, debility, heart failure, dyspepsia, marasmus, and chronic intestinal catarrh have really been due to want of that important element in food digestion, hydrochloric acid."

**LIST OF ENGLISH SPEAKING HOMŒOPATHIC  
PHYSICIANS ON THE CONTINENT  
OF EUROPE.**

The following list of English speaking homœopathic physicians on the continent has been sent us by Dr. E. Petrie Hoyle, of 84 Holland Park, London, W. England. It will be useful to American physicians visiting Europe and also to their patients:

*Austria.*

Names given by Dr. Sirsch, Jr.

Bad-Gastein—Dr Kubasta.

Vienna—Dr. Ignaz Klauber—Maysedergasse 5.

Vienna—Dr. Hans Kubasta—Blaasstrasse 3—(also Bad-Gastein).

Vienna—Dr. Gustave Sirsch, (Jr.)—Beatrixgasse 14/b.

*Belgium.*

Names given by Dr. Samuel vanden Berghe.

Antwerp—Dr. Anatole Lambreghts—Rue Stoop 1.

Antwerp—Dr. Bonface Schmitz—Longue Rue Neuve 130.

Brussels—Dr. Jaen Dewee—Rue de Trone 32.

Brussels—Dr. Ernest Nyssens—Rue des Drapiers 60.

Ghent—Dr. Samuel vanden Berghe—Rue des Baguettes 34.

*Denmark.*

Copenhagen—Dr. Thorson—c/o new Homœopathic Hospital.

Bronderslev (Jutland)—Dr. V. Olsen—(Hahn. Med. Col., Chicago).

*France.*

Names given by Dr. Planton.

Paris—Dr. Bernard Arnulphy—Boulevard Haussmann 39.

Paris—Dr. Etienne Boyer—Rue Logelbach 7.

Paris—Dr. Xavier Jousset—rue de Grenelle 9. (Oculist).

Paris—Dr. Planton—rue Vital 50.

Lyon—Dr. d'Espinay—Plae Bellecour 1.

Lyon—Dr. Jules Gallivardin—rue de la Charite 4.

Vichy—Dr. Cotar.

*Germany.*

Berlin—Dr. Hugo Dammholz—Gneisenaustrasse 3. (S. W. 57).



Berlin—Dr. Friedrich Gisevius, Jr.—Karlsbadstrasse 13/14 (W. 35).

Berlin—Dr. Oskar Muller—Victoria Luizenplatz 2 (W. 30).

Berlin—Dr. Honcamp—Schillstrasse 5 (W. 62).

Darmstadt—Dr. Friedrich Sellentin—Wilhelminenstrasse 17.

Frankfurt am Main—Dr. August Grunewald—Heinestrasse 40—(Grunewald).

Kreuznach Bad—Dr. Kranz—Salinenstrasse 57—(Villa Corona).

Magdeburg (sachsen)—Dr. Carl Nissen—Helberstadersstrasse 9 b.

Pforzheim—Dr. Immanuel Kirn—Sedanplatz 6.

Potsdam—Dr. Eugen Kroner—Blucherplatz 2.

Stuttgart—Dr. Richard Haehl (Hahnemann Coll: Phila.) Helfferichstrasse 10.

Wiesbaden—Dr. Kranz-Busch—Taunusstrasse 23—(Haus Prince of Wales).

#### *Holland.*

Names given by Dr. Tuinzing.

The Hague—Dr. N. A. J. Voorhoeve—Celebesstraate 93.

Rotterdam—Dr. J. Tuinzing—Haringvliet 26.

#### *Italy.*

Names given by Dr. Dandele Mattoli.

Florence—Dr. Dandele Mattoli—Via Montebelle 17.

Florence—Dr. Baldelli—Via Bergognissanti 36.

Naples—Dr. Archirede Ciglinæ—Via Carle Poeric 104.

Rome—Dr. Liberali—Via Montserratato 25.

Rome—Dr. Agostine Mattlli—(N. Y. Hom: Med: Coll) Via Sistina 60.

#### *Russia.*

Names given by Dr. Brasol.

St. Petersburg—Dr. Brasol—Troitzkaia 5.

St. Petersburg—Dr. Flemming—Morskaia 17.

St. Petersburg—Dr. E. Gabrilovitch—Fontanka 38.

St. Petersburg—Dr. N. Garrilovitch—Grafsky pereuelek 7.

Choral—Dr. Dukoff—(translated Hughes).

Moscow—Dr. Serkoff—c/o Central Homœo: Pharmacy, 19, Petrefka St.

Moscow—Dr. Adrianoff—now in London—after Oct. in Moscow. (His wife speaks English and is qualified in Dentistry.

Odessa—Dr. Lutzenko—(translated Farrington).

Riga—Dr. Prof. Zelenkow—St. Petersburg Sanatorium at Riga.

*Spain.*

Barcelona—Dr Cahis

Barcelona—Dr. Comet—Clarís 45—pral.

Barcelona—Dr. Moragas y Garcia—Laurià 4—10.

*Sweden.*

Gotenbourg—Dr. Grouleff—Vasagaten 20—(Hering Med. Coll).

Ostersund—Dr. Axell—(Hering Med. Coll).

Stockholm—Dr. Grundall—Regeringsgat 52.

Stockholm—Dr. P. E. T. Torgny—(Rush. Med. Coll).—Malskilnadsgatan 41/b.

Stockholm—Dr. Osier—(Hering?) Valhallavägen 83.

Mjölby—Dr. Harry Holst—(Hering?)

Sollefteå—Dr. H. Wilh Sjögren—(little English).

*Switzerland.*

Names given by Dr. Mende-Ernst.

Aarau—Dr. P. A. Guignard—Feerstrasse 686.

Basle (Basel)—Dr. Edwin Scheidegger—Thiergartenrain 55.

Berne—Dr. A. Pfander—Bundesgasse 32.

Seneva—Dr. Henry Duprat—Boulevard des Philosophes 26.

Lausanne—Dr. Nebel—Boulevard de Grancy 3.

Montreaux—Dr. C. Amiet—Place du Marche 7.

Mulinen (near Spiez)—Dr. Luginbuhl.

St. Gallen—Dr. Max Kunzli—Blumenstrasse 38.

Zurich—Dr. Mende-Ernst—Dreikönigsstrasse 37.

Zurich—Dr. Hans Hoppler (N. Y. Med. Coll).—Cecilienstrasse 10.

Zurich—Dr. Aebli—Weinbergstrasse 92.

## THE SPECIALISTS' DEPARTMENT.

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EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

OUR CONTRIBUTORS.

Dr. Dwight Clark, of Evanston, continues his study of an unusually interesting case. So far we have not received any suggestions as to the diagnosis. Dr. Frank Wieland gives us a note on Varicocele.

### THERAPEUTIC NOTES.

**An Obscure Case.**—Dr. Dwight Clark's case, an account of which was begun in the last issue of the *RECORDER* is continued as follows:

An office cystoscopic examination was found impossible 7 weeks ago on account of the extreme sensitiveness of the bladder. The examination was made under ether one week later, when the bladder lining was seen to be very much inflamed but presenting no ulceration. Urine from the left ureter flowed with about twice volume and contained much pus. Through the left ureteral catheter it was possible to introduce over 40 c. c. of boric acid solution without appreciable back pressure on the syringe. On account of spasm of the right ureteral orifice, it was impossible to pass a catheter on this side. It seemed reasonable to assume the presence of a left sided pyelitis and hydro-nephrosis. Bladder washing with 1 to 2000 formalin solution, followed by the instillation of 8 c. c. of 10 per cent. argyrol, was continued twice daily for four weeks in the hope that the cystitis might clear up sufficiently to make another cystoscopic examination more successful. The unpleasant urging of which the patient had recently complained disappeared. A general examination of the patient at this time revealed a palpable tenderness in the left flank below the kidney area, lower pole of the left kidney slightly palpable on deep inspiration, tenderness along course of left ureter, no particular bladder tenderness, but

the presence of palpable pain at McBurney's point. This last symptom has been observed at intervals for about 10 years.

Cystoscopic examination two weeks ago showed cystitis much improved, left ureter passing pus, right ureter incapable of being catheterized but passing what appeared to be amber colored urine in a normal amount. The urine at this time showed findings similar to analyses previously mentioned but in addition red blood cells and hyaline and finely granular casts. Owing to inability to inject both ureters, neither was skiagraph taken nor were the usual efficiency tests employed.

**Fatty Degeneration of the Spermatic Cord.**—Dr. Frank Wiedland, of Chicago, says: The number of men who are sexually weak is amazing. Impotence, like everything else is relative and of degree. But where one in good health otherwise becomes impotent, the cause can usually be found in varicose veins in the spermatic tissues. If such veins are allowed to remain indefinitely, fat begins to form—an intensely yellow fat, involving the cremaster muscle and surrounding the vessels, and it is not long until erectile power is completely lost.

Many writers and observers claim that varicocele has no importance whatsoever. This is a grave error. Many with varicocele escape symptoms. This is true of gall-stones and fibroid tumors and floating kidney. Yet, the fact remains that many of the obscure nervous conditions of men are traceable to varicocele. Men do not always tell their sexual incapacities. Inquiry will develop that they are quite impotent. Examination will show that they have varicose veins, with a degenerated cord. Removal of the veins and the fatty cord will restore sexual capacity. I have never known one with varicocele whose testicle on the affected side was not atrophied. As this condition occurs most often on the left side, the left testicle, which should be the larger, becomes the smaller.

It has been my custom to advise my patients as follows: "You have varicocele. When you discover that your erectile power is waning, or that your desire is failing, have the veins removed." Almost always comes the confession that these conditions are already present. If one objects to the unfortunate suggestion that we are giving, we may comfort ourselves with the thought



that the confession of impotency comes before suggestion has had any time to make any impression. We need to leave the choice of operation largely to our patients, as the work is conservative, and not vital, as would be true with a ruptured appendix.

As the French advise, in all obscure matters, "Search the woman," so we, in genito-urinary problems, may well say, "Search the spermatic cord." There is no homœopathic remedy that will overcome the deleterious action of a scrotum full of broken veins.

**Treatment of Bone Diseases An Exact Science.**—E. H. Grubbe, M. D., B. S., of Chicago, says: "The X-Ray is daily yielding immense harvests of knowledge to the medical profession. Of all departments of medicine surgery has benefited most by the diagnostic uses of the X-Ray. With it the diagnosis of bone diseases has become an exact science. Indeed it may be said that modern bone surgery has been made possible because of the advent of the X-Ray."

**Removal of Adhesive Plaster.**—Dr. Edwin L. Hunter, surgeon, Chicago, makes the following practical suggestion:

"The removal of adhesive plaster is many times extremely annoying to both patient and surgeon. Alcohol or ether which is most frequently used to aid in its removal only serves to set the gum and is of little benefit. A small amount of absorbent cotton or gauze saturated with benzine will completely dissolve the adhesive material and greatly facilitate the removal of the plaster."

## GENERAL LABORATORY TECHNIQUE.

JULIUS A. TOREN, M. D., CHICAGO.

Pasteurization of milk is unquestionably a highly desirable treatment for milk to be used for general consumption. It is the consensus of opinion of pediatricians, however, that milk for use by infants should not receive heat treatment, as such a process kills that vital element in the milk which is so essential to the welfare of the nursing child, and also renders the milk less digestible. In certain cases, then, it becomes highly desirable to know whether milk has been heated or not. All raw milk con-

tains an oxidizing ferment known as oxidase or catalase, the absence of which proves conclusively that the milk has been heated. Below are given three tests by which the presence or absence of oxidase may be demonstrated.

(a) **Guaiaac Test.**—Shake 10 c. c. of milk with 1 c. c. of tincture of guaiac, 5 c. c. oil of turpentine, and 5 c. c. of hydrogen peroxide. A *blue* color is developed when the ferment is *present*.

(b) **Kastle's Reaction.**—To 5 c. c. of milk in a test-tube add 0.3 c. c. of hydrogen peroxide and 1 c. c. of a 1 per cent. solution of "trikresol." A faint but unmistakable *yellow* color will be developed in milk which *contains* the ferment.

(c) **Wilkinson and Peter's Test.**—To 10 c. c. of the milk to be tested add 2 c. c. of a 4 per cent. alcoholic solution of benzidine, 2 to 3 drops of acetic acid (sufficient to coagulate the milk), and finally, 2 c. c. of hydrogen peroxide. In raw milk a *blue* color develops immediately.

As hydrogen peroxide is unstable it should be tested for "activity" by placing some in the mouth when an abundant foam will be produced with good peroxide solution.

## CLINICAL URINOLOGY AND RENAL THERAPEUTICS.

CLIFFORD MITCHELL, M. D., CHICAGO.

**Urinology of Pulmonary Tuberculosis.**—The usual urine tests employed in pulmonary tuberculosis are the diazo and the methylene blue (Rousso's) test. Both these tests are described in full in **Modern Urinology**, the latter on page 400. The prognostic significance of both is bad in most cases, occurring as they do in advanced and hopeless cases mostly. The diazo reaction is open to criticism for two reasons: First, it may be negative in fresh urine, but positive after the urine of the consumptive has been kept in an incubator at body temperature for 24 hours; second, heroin, creasote and guaiacol may yield this reaction in the urine when given internally.

Two other tests have been more or less vaguely described in the journals, namely, the sulphur test and the permanganate. The sulphur test is hardly simple enough to become popular, as

it concerns the readily oxidizable sulphur (*Modern Urinology*, page 153).

The permanganate test is simple, but has not been found satisfactory when used according to the directions which appear in the journals.

There are two tests, however, which may develop into something useful. Both of these tests apply to pre-tubercular conditions, hence are all the more valuable; the first test is for the acidity of the urine and is described at length in *Modern Urinology*, in the chapter on Acidity. The urine of consumptives keeps longer acid than does that of healthy persons. The test is made by bottling freshly voided urine, stoppering it well and observing how long it remains acid.

The second test is based on pre-tubercular demineralization. The urine of those in the pre-tubercular state excretes all the lime salts, if the patient is kept on a strict meat diet for two days or more.

Increase in such calcium content of the urine, when the patient is thus on a meat diet, is held to be significant of a pre-tubercular state.

The writer is experimenting with a simple clinical method for the determination of calcium in the urine, which, if satisfactory, will be described in subsequent issues.

**Recovery From Bright's Disease.**—The question is constantly asked the writer "is Bright's disease curable?" So many considerations enter into this question that it is a hopeless one either to affirm or deny without qualifying. In the first place what is meant by Bright's disease? There are several kidney lesions to which this term may apply, and the difference in the course and termination of these is marked. Let us consider them in order:

First acute Bright's, if by that is understood the form beginning suddenly and running a rapid course to death or recovery: in the writer's experience recovery is the rule, in this condition, among the class of patients who are carefully nursed. Prevention of scarlet fever nephritis is almost absolute according to Cameron, of Chicago, if the patient is kept in bed on strict milk diet for 28 days.

Chronic parenchymatous nephritis, so-called, or Bright's disease with œdema or dropsy early, beginning insidiously and grad-

usually is fatal in the writer's class of patients in about fifty per cent. of the cases. Microscopic examination of the urine, as a rule, helps in the prognosis, the kind of casts seeming to bear on the severity of the case. What becomes of the cases which apparently recover is another important question clinically. Most of them eventually die of secondary contraction of the kidneys, although in some cases many years are required for the process. The writer has, however, seen three or four cases in which all evidences of the kidney lesion have disappeared from the urine and recovery is apparently a fact. Two of these were in more or less anæmic young girls, one in a young married woman, and one in an adult man. It would seem as if women had a better chance with this form of Bright's than men, but that may perhaps be due to the fact that better care has been taken of them by their family or others.

So-called parenchymatous nephritis in men is usually the last straw on the camel's back, *i. e.*, follows on a life of exposure, poverty, and drink, so that the chances for recovery are minimized.

Chronic interstitial nephritis, proper, has two forms, primary and secondary: recovery from either form is possible. In the writer's experience five or ten years in the primary cases and a much shorter period in the secondary will cover the expectation of life in most of the cases.

The primary cases occur in middle aged persons, the secondary in younger patients. The differential diagnosis, where no history is obtainable, can be made by the finding of fatty masses in the urine or by general evidence of fatty renal changes in a person whose clinical features are those of chronic nephritis. Primary cases do not show these fatty evidences, as a rule, which, however, are the rule in secondary cases. The writer has in the past made the diagnosis of chronic primary interstitial nephritis from the finding of a little albumin and a few hyaline casts alone. He has lived to see the folly of such laboratory diagnosis. It is the totality of symptoms and the totality of findings of the complete examination of the 24 hours' urine which count.

Albumin and a few casts may occur in the urine when the latter has been highly acid for a long period. First we find cylindroids and mucoid then later albumin and true casts. Treatment for the acidity may result in a clearing-up of the albumin.



Even a high blood pressure in such cases does not warrant us in making a diagnosis of incurable chronic interstitial until our therapeutic efforts have resulted in signal failure. Much of the high blood pressure discovered in patients is due to toxemia of hepatic rather than exclusively renal origin.

Violent, agonizing headaches and coarsely granular casts in urine are common in the true cases of chronic interstitial nephritis. Even in these cases the blood pressure may not be above 200.

Arteriosclerosis is frequently confused with and mistaken for chronic interstitial nephritis. In true arteriosclerosis the blood pressure and condition of the heart and arteries may be much more in evidence than the findings in the urine.

The differential diagnosis of all these conditions is of importance with view to knowing what is going to happen and being ready for it. Uremia seldom troubles the arteriosclerotic in comparison with the suffering it causes the true kidney cases.

Tobacco is a constant factor in arteriosclerotic cases which the writer sees, but does not appear to be of such importance in the kidney ones. Chronic interstitial nephritis is a disease of gluttons when primary. Secondary chronic interstitial nephritis goes back to infection.

A patient may have acute, subacute, and chronic nephritis in order and may die from the chronic when apparently recovered from the subacute. The prevention of infection is an important step in the prevention of all nephritis save the primary chronic interstitial which appears to bear no relation to it save in an indirect way.

**Miscellaneous Notes in Renal Therapeutics.**—Treatment of **profuse renal hematuria** by injections of adrenalin chloride and salt solution into the pelvis of the affected kidney has cured one case.

Taka-diastase is now made much stronger than formerly and is said to help **nocturnal enuresis** in children.

**Mineral waters for albuminuria** are recommended, as follows: For the gouty, Pavillon of Contrexéville; for the diabetic, Vichy; for the obese, Brides-les-Bains; for the neuropathic, Néris or Plombières; for the dyspeptic, Saint Nectaire.

We are told that there is an albuminuria of dyspepsia, in which the principal feature is the appearance of or augmentation of albuminuria after meals. (Would think great care necessary in exclusion of other causes.—C. M.)

Robin is interested in the treatment of **phosphaturia** and thinks arsenic and strychnine good remedies. We have seen improvement ourselves in an obstinate case from *Arsenicum*.

Robin uses eighty minims of *Liquor Arsenicalis* of the French Pharmacopœia in water q. s. four ounces, putting a teaspoonful of this dilution in an enema every morning.

Strychnine he gives as arseniate internally in one-fiftieth grain doses, twice daily.

Askenstedt, of Louisville, from observation of many cases, concludes that the withdrawal of all proteins from the diet most certainly reduces aromatics, *i. e.*, **indican**, **glyceuronates**, etc.

We are told, however, that many cases of **indicanuria** are helped by colon flushing with one per cent. ichthyol solution.

Stern is interested in the relation of **prostatism** to diabetes. He finds that diabetes mellitus or some other abnormal state may be the cause or precursor of constitutional prostatism.

Serious errors have been found by Roth in the **phenolsulphone-phthalein test** for renal function, especially in gynæcological cases and in pregnancy. Moreover the drug varies according to the manufacturer, hence discrepancies occur.

Cambridge finds that the amino-acids are increased in serious cases of **diabetes mellitus** and are a sign that too much protein food is being taken.

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## CANCER CURED BY THE HOMŒOPATHIC REMEDY.

Editor of the HOMŒOPATHIC RECORDER:

Your article relating to the cure of cancer with the homœopathic remedy is of particular interest to me in view of the fact that I have had a similar experience to that reported by Dr. Allen.

The successful treatment of cancer with the indicated remedy requires much evidence to convince many physicians—and reported cures are received with much skepticism. But the fact still remains that such results have been accomplished by good homœopathic prescribers.

CASE I.—Mr. R., aged 63 years. An incessant pipe smoker. Came under my care presenting the following condition: Hard, painful swelling on left side of tongue, about the size of large hickory nut, purplish in color and extremely sensitive. Some glandular involvement. Unable to swallow anything but liquids, which causes much pain. Case developed rapidly until tongue became so swollen almost filled buccal cavity. It seemed as if the patient would certainly choke to death. Several consultations were held in which diagnosis of smoker's cancer was confirmed. Under the action of *Lach.* 200, and, later, *Arsen.* 30, a rash was developed over whole body, and roughness of the skin with dark red blotches and profuse desquamation like fish scales. Growth on tongue disappeared, patient made a good recovery and died several years later from apoplexy.

CASE II.—Miss B., aged 40 years. Cancer of the left breast. Under plaster treatment. Sloughing extensive, exposing ribs. Under operators to relieve severe pain. Sent for me, saying she knew she could not recover, and could not endure present treatment. Had great faith in Homœopathy, which she thought would make her sufferings less, at least. Had a sister in same condition and under same treatment, but had no faith in Homœopathy. My patient recovered under *Lach.* and *Silica* later. Died six years after with lobar pneumonia. The sister died in three weeks.

DR. ALEXANDER C. HERMANCE.

Rochester, N. Y., May 28, '14.

### THE BELLADONNA PLASTER PROVING.

The following is taken from a note to the *British Medical Journal* by Dr. Sidney Nathan, of London:

"At 9 P. M. on March 15th, I was called in to see a gentleman aged about 71. His wife informed me that he had seemed out of sorts all day, was slightly drowsy, had eaten practically nothing, and seemed slightly confused in his ideas. The patient himself told me that he had had some difficulty in passing urine during the day, this being the first time that he had ever been troubled that way.

"I found that the bladder extended to 2 in. below the umbilicus. I placed the patient in a hot bath, where I discovered that he was

wearing a belladonna plaster over a raw surface which had been caused by a mustard leaf applied for lumbago. Finding his pupils dilated, I told him that the belladonna plaster was probably the cause of the trouble, and asked him to pull it off, which he did. Leaving him in the bath I went down stairs to order a hot water bottle for his bed. I came upstairs again after about two minutes, to find the patient with a flushed skin sitting naked on the staircase, not knowing his own bed room, talking incoherently, and quite unable to walk. I carried him into his room, where he collapsed for a few seconds, but soon recovered. He had a good night, and went about his ordinary duties in the morning, when he remembered nothing of what had happened in and after the bath."

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### RE-EDUCATION OF THE INTESTINE.

From the first syllable of recorded time the human intestine has been a source of unnumbered woes to its possessor. For many centuries the history of medicine is largely the history of purgation. The ancient Egyptians cleared out the belly—to use the plain speech of our forefathers—with strong drugs and enemas. In the Middle Ages the attacks on the intestine were so violent that the patient was told to take care to relieve himself in a warm place, and the instructions of Master Platearius as to the choice of material for wiping the outlet smarting from the fiery effects of scammony or other drastic purgatives recall the exhaustive experiments by which Gargantua sought to discover the best and most soothing substance for the purpose. Physicians of the seventeenth and eighteenth centuries looked upon the syringe as their *In hoc signo vinces*. Then came the nineteenth century, with Abernethy and 'his eternal blue pill,' as Sir Thomas Watson calls it, supplemented by black draughts. Nowadays the surgeon has come on to the scene, and we seem to be tending towards a system of dealing with the refractory intestine to which might be applied the term "Thorough," by which Strafford expressed his method of governing Ireland. If this policy prevails, an intestine of the natural length will before long be as rare as an appendix.—*British Medical Journal*.



## BOOK REVIEWS.

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A MESSAGE OF HEALTH.—By Russel C. Markham, M. D., 123 pages. Cloth, 75 cents, *net*. (Mailed post-paid on receipt of price.) Philadelphia. Boericke & Tafel. 1914.

Dr. Markham dedicates his little book to a number of persons—to those who desire health and happiness; to those who want to raise fine children; to those who wish to eat intelligently; to those “Who are in the prison of physical or mental distress,” and to those who love children. From this it will be seen that he has a big field before him, though whether he can guide them all to the wished for haven is a question that can only be individually settled by reading what he has to say in the matter.

A reviewer cannot give you the whole of a book; the best he can do is to indicate the salient points. Dr. Markham, in a manner, follows Moses, who says “the blood is the life”—though he does not mention him—when he lays down the proposition that good blood is necessary to life, or, at least, health—and without health life can hardly be real life. He says: “You can’t buy good blood to take the place of your own blood and have it delivered regularly. You must make it yourself. You have been made manager of a blood making factory, presuming you would qualify for the position, because your usefulness, health, happiness and life depend on the success you make of blood making.” Again: “Nothing but knowledge will light your pathway and save you from sickness and untimely death. Nor will this unless you use it.” The first section of this really interesting book is devoted to the firing up of the body. Chapter IX illustrates this in a fetching way—though most of us will pass the instruction by on the other side because it is a way man has, but he ought to know how, at any rate.

Leaving the material, the physical firing up, the author, in the second half of the book, deals with a far more subtle proposition, *i. e.*, “Thought as food.” Not many will dispute the message of the first part of the book—though it is not really divided into parts, but at Chapter X plunges into the spiritual phase of health—but when this is reached there may be another story.

We cannot go into this at length, but can give a hint or two of its tenor. For instance: "The chemist—takes the bodily secretions of the worrier and finds in them a deadly poison——"

Again: "Say of yourself, 'I am a poor, good for nothing creature. I am a failure in business and in society and always expect to be' and you will be so long as you hold that thought. Your housekeeper will surely clothe the thought in reality."

Pages could be filled with readable quotations, but let the foregoing suffice as showing the tenor of the book which, if we mistake not, will be read and liked, or criticized, by many because it goes deeper than the ordinary *Message of Health*. The point in the second part that some may reject is the statement that Christ is our "elder brother"—He who said "before Abraham was I Am."

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The following is clipped from the *British Medical Journal's* review of Dr. Proumies "*Souvenirs d'un Medicin*" recently published. The time was about the period of the battle of Waterloo:

"He was at the Hospital de la Pitié in January, 1814. This was the large hospital (716 beds) behind the Jardin des Plantes, which dated from 1612, but had recently (1792-1802) been rebuilt. Here the young Proumies worked under Lerminier, who was medical adviser to Napoleon. Convoys of sick began to arrive from the seat of war, and the hospital was quickly over-filled. Here is the picture: 'The beds were partially stripped, only one mattress being left for each; straw was strewn in the corridors, in the halls, even in the church. The sick lay side by side; gaps made by death were filled by the next convoy.' Dr. Lerminier was evidently a man of resource. 'Now, then, my boys,' he said to the sick soldiers, 'hurry up and get well: every one who wants to go home shall start as soon as he is able. Your people are waiting for you.' As Proumies says: 'The words produced a magical effect. Sunken eyes shone again, dying men pulled themselves together, for there was as much home-sickness as typhus among them.' Many young lives were thus saved."

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## EDITORIAL NOTES AND COMMENTS

REMEMBER.—*The Journal of the A. M. A.* quotes a man standing high in the profession to the effect that he had used a certain remedy for years, but as it has not been accepted by The Council he will drop it. He is not sure now that he ever had any good results from it. His attitude is one of loyalty to the Organization but whether it makes for broadness of mind is doubtful. It would be very difficult to prove to a natural doubter, one with a negative mind, that any drug ever cured a case. It is the same attitude they have taken towards Homœopathy and leads to nihilism—and ultimately to the extinction of the medical skeptics, for the world is affirmative when it comes to medicine even if the learned "regular" is skeptical and has good grounds for being so.

CANCER.—From reports published in the HOMŒOPATHIC RECORDER, and to be found in old homœopathic journals and literature, it seems that a homœopathic doctor should not be too ready to turn the case over to a surgeon, but should take the symptoms and give the remedy they call for, no matter whether it be one of the drugs contained in the cancer list or not. Incidentally, intercurrent doses of good *Thaya* 30, in connection with the indicated remedy may not be amiss, on the same principle that the old homœopaths gave intercurrent doses of *sulphur* in complicated cases. One who has read Burnett's experience can see the reason for this. Dig down into old Homœopathy and forget the phantasmagoria of to-day.

CARTOONS.—In order not to be a fizzle a cartoon must have mental and artistic genius back of it. *Jama* tried a series but the friends of that journal probably gave a sigh of relief when they ceased to appear. Medicine does not lend itself well to caricature. The wise medical editor will let it alone.

UNJUST LAWS.—Probably among all the foolish, not to say iniquitous, laws ever proposed, that of forbidding physicians from dispensing medicine is the worst. Its basic principle is commercial, to make profit out of human suffering. A doctor is called out for miles into the country some bleak, snowy night. A certain something is needed, and needed at once. Shall the doctor write a prescription and send some one over miles to a drug store, while the patient dies, in order to obey a fool law, based on commercialism?

EVERYTHING WAS DONE.—Dr. Howard D. Eaton, *Wisconsin Medical Recorder*, writes a Mexican gentleman, gambler by profession, suffering from no results of venerey, tobacco or liquor, who became afflicted with frontal headache. Native doctor could not cure him so he applied to an American doctor who went after "him in a thorough, business-like way, trying everything he could think of including static electricity and the extraction of three molars, without benefiting him."

TYPHOID VACCINATION.—According to the *Lancet*, the hospital employees of Paris have held a meeting and they "refuse henceforth to submit to such vaccination," which two years ago was made compulsory. The reason given is that it has caused the death of two nurses and that "many have been made seriously ill by it." It is also said by the employees that the vaccination has been suspended for two months in the army. There is also a growing fear on part of some of damages under the Workman's Compensation Act. Another sort of reaction besides the inevitable physical one seems to have set in against the vaccine theory.

REAL MEDICAL SCIENCE.—*Public Health Reports* contains an article on "Plague and Filiariasis. The Possibility of Mistaking



One for the Other." Curious, is it not, that one disease can so shade into another that even a Government doctor may err? Doesn't the fact rather disprove the legal rule that diseases are "specific?" And, after the name of the disease is legally settled, what more do the doctors know about its treatment than they did before? All a rational doctor can do is to "treat the patient," that is to say, to treat the conditions he presents? Treat the symptoms, according to a definite science, for what else can be treated? Is not this Homœopathy? You may make light of it, but it is the only science in medicine to-day. To treat the name of a microbe is not scientific.

THE GLAD HAND.—This bit is clipped from an editorial in the *University Homœopathic Observer*, editorially guided by Dean and Doctor W. B. Hinsdale. "We have been told by those 'who have tried it' that the glad hand of initiation of a homœopathic doctor into the non-homœopathic fold loses its fever of cordiality and becomes chilled the moment he tries to assert himself or to advance in 'the ranks.' Of course, such an one makes a good president, for all society presidents are innocent as such; but when he goes around either in person or by representative soliciting support for health officer, for example, or for some other public favor or preferment, he is 'jammed back' and only permitted to be an innocent bystander as the rest 'run' and another gains the race."

AN ETIOLOGICAL HINT.—A correspondent of the *Medical World*, Dr. S. J. Copeland, 1702 Lexington Ave., Indianapolis, Ind., writing on the subject of sexual impotence, remarks of the cases that come to him, "ninety per cent. of these have had gonorrhœa—treated by a hand syringe; most of them have enlarged prostates and thickened posterior membranes." From this it would seem that killing the gonococci is not quite a cure in the broad meaning of that term. The homœopathic treatment is best for the patient, but too often he will not stand for it and demands that the thing be "stopped," that is to say, seared over. Apropos of this another doctor of the same name, M. A. Copeland, Birmingham, Ala., writes of the case of a man who took a "three day cure" for an acute attack "which promptly caused

a stricture and chronic condition involving both posterior and anterior regions." His case was worse than the impotent ones, for not only was he impotent, but urine dribbled from him and everything about him had that odor. Finally surgery helped him, but he suffered from "obliteration of the urethra." Again we hold that the homœopathic is the only *rational* treatment.

One more case of impotence from the same issue. A physician, father of six children and never has had venereal disease, yet is now impotent, but in a manner tells the cause by writing that he has "practiced onanism to prevent conception." "There is a reason," as the late Mr. Post so often told the world.

A TOUCH OF THE METAPHYSICAL.—Our very frank contemporary, the *Critic and Guide*—it surely is a critic, but whether it is a guide, is a question that depends on your point of view—considers its editor's patients, "who have been in jail." Dwelling on the fact that some of them could not look you in the eye, or talk above a whisper, while others were unabashed, the remark is made: "It goes to show what an important role the spirit plays in our life." That is very true. Dr. Robinson might have gone a step farther and asked, What is the body without its spirit? And, again, with Hahnemann, Why is not that spirit, or, if you please, the mentality, the most important point, at bottom, to be considered in treatment? Materialism and logic cannot pull together.

A COURT DECISION.—A decision was rendered recently by the Supreme Court of Missouri that is worth noting. A doctor advertised, in effect, that his practice was limited to diseases of woman and surgery and that he had a private hospital. The State Board of Health suspended his license. The gist of the Court's decision was that a man could not be punished for his intentions, but only for criminal acts, none of which had been charged against this man. "Nor was the hearsay evidence of another physician to the effect that the appellant bore the reputation of being a criminal abortionist sufficient." In brief you must prove a specific criminal act before you can punish a man.

CAUSES.—The text-books tell us that the cause of diptheria is the Klebs-Loeffler bacillus, that the cause of tuberculosis is the

bacillus tuberculosis, and so on to the end of the chapter, but this, in reality, explains nothing *scientifically*, nor will until the books tell us the cause of the various bacilli. Hahnemann wisely threw out the names of diseases (which is to-day synonymous with ignoring the bacilli) and told homœopaths to match its symptoms, objective and subjective, with a drug that would produce similar symptoms in the healthy. That is the nearest approach to medical science man has reached. That rule does not explain the cause of disease, does not explain how it is cured by the simillimum, but it does effect the object of medicine—curing curable diseases.

“SOME TALK.”—The *Journal of the A. M. A.* makes fun of the Adair County (Iowa) *Free Press* because it printed the following news item: “Howard Harris is sick with some talk of symptoms of typhoid.” That reminds us of a homœopathic physician who attended the Atlantic City gathering. His son is an allopathic physician and was taken sick and sent to a Chicago allopathic hospital, where they “talked” of malaria, appendicitis, intermittent fever and several other things, but would not treat him until they could find a “bug;” but after three days’ search, being unable to find anything, they compromised on indefinite “paratyphoid” and gave him 40 grains of quinine.

CANCER.—*Public Health Reports*, issued by U. S. Health Service, is not sure whether cancer is increasing or diagnosis is better, but be it either way “cancer is one of the serious maladies of civilized man.” “Sores and ulcers, which do not heal within the ordinary time” are “open to the suspicion of being cancerous.” The trouble, however, is (P. H. R. doesn’t say this) that when recognized, the physician who does not understand Homœopathy, can do nothing to cure it; he can cut out the ulcer, but, as the disease is constitutional, that does not cure the patient, only Homœopathy, the gospel of physical salvation can do this. But the medical world says Homœopathy is not “scientific.” Perhaps, rather, it is too deep and far-reaching to be comprehended by the men of the microscope, who take the traditions of the colleges instead of looking for themselves.

EVOLUTION OR DECADENCE. The doctor of other days would have become highly indignant if asked to prescribe on unknown substance, but to-day there proprietary remedies are so numerous that even their very names tread on each other. For example, as a German doctor points out we have "the laxative Darmol; the sedative, Dormal; the wood-preserving mixture, Dormial; the hypnotic Dormiol and the remedy Dormal; the hypnotic, Chinoral; the internal antiseptic, Chinorol; the external antiseptic, Chinosal, and the remedy Chineonal." This is merely a peep into the ethical patent medicines that now flood the world.

"TALKING.—People who are clumsy in the use of spoken language try to make good their deficiencies by more or less grotesque gestures, emphasis and attitudes. The symbolic act is then evidence partly of ineptitude. But, on the other hand, a man's acts may beautifully convey what words are too poor to express.—Cabot: *What Men Live By*."

The foregoing is a column-filler clipped from a learned exchange. It may be truly said that Dr. Cabot makes one think concerning what he means. The tail is easy, especially for any one who has had his gas, water, or sewer pipes, on the rampage, has seen a glum workman come in, hammer about a little and then betake himself away with the curt remark, "It's all right now." Words are inadequate to express your gratitude. But for the head of the quotation it is a different matter, and one halts and wonders if Cabot hasn't got the cart before the horse—especially those who have seen great actors and speakers at their best.

MODERN AND ANCIENT MEDICINE.—In a letter to the *Medical World* Dr. Wm. F. Waugh writes: "Go back to the day of Benjamin Rush, more than a century ago, and study his statistics of pneumonia and other infectious fevers. You will find that the results secured by the mighty bleeders of that day were as good or somewhat better than those claimed by the most modern therapist." All which seems to indicate that modern allopathic methods have, like a crab, advanced backwards.



## PERSONAL.

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A French doctor (it sounds like a Frenchman) once said "no case is complete without a post-mortem."

The "cheerful" whistler has all the cheer, the listeners becoming misanthropes.

Better call him a "truth economist" than O. S. "liar." Safer.

There is only one thing to do in sea-sickness, and you won't need instruction.

Mental diseases are stumbling blocks to those who see the origin of disease in micro-organisms.

Rather curious—cocaine and morphine kill pain and make fiends.

"The inconsiderate smoker is a nuisance; the militant non-smoker is a still worse remarks the *Critic and Guide*.

A guide book says of Sing Sing: "A favorite place of residence for N. Y. business men."

Paracelsus, the "arch quack," was the first to say that life is chemical. O you Rockefeller Institute!

The Man from Mars would be puzzled to define "fool" from current talk.

A hen has started many a feud by visiting her neighbors.

Is there anything so small that, by dividing, it ceases to be anything?

Learning to-day is so vast that even the Professor's mind can hold but a particle of it.

"Light starvation" is the latest theory of the origin of cancer. Oh, come again!

"All newspaper men know how difficult it is to make a doctor talk for publication."—*Ex.*

A big medical journal recently wrote of the bed-bug and its "close relation to man."

Sumptuary legislation: Minding other people's business.

Elbert Hubbard remarks that a hard working bee doesn't take advice from a bed-bug.

"The responsibility of the suicide." Isn't he beyond the reach.

What is the boundary line between the "degenerate" and—the other kind?

"—and biometrical science is mostly in the apophthegmic stage."—Shaw, *Lancet*. Very true!

In *Lancet* Ledingham dwells on the virtues of the "antiplate serum." Next!

All seem to be "studying problems," but arriving nowhere.

"Anaphylaxis and Idiosyncrasy" are "problems," but no one knows very much about either.

# THE HOMŒOPATHIC RECORDER

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## AN ECHO OF THE ATLANTIC CITY MEETING OF THE A. I. H.

It comes from the Cincinnati *Times-Star* of June 30th. Here it is in full:

"The trouble with the homœopathists is that their unscientific cult has dwindled until it is as infinitesimal as the doses they usually give," was the reply, Tuesday, of Dr. C. A. L. Reed to the attacks made upon the American Medical Association at Atlantic City, Monday, by Dr. DeWitt G. Wilcox, of Boston, president of the American Institute of Homœopathy, before the annual convention of the Institute.

Dr. Wilcox denounced the American Medical Association as a "politico-medical body fast degenerating into a political machine," and urged homœopathic physicians who are members of the American Medical Association to resign from it.

Dr. Reed, formerly chairman of the Legislative Committee of the latter association, said to the *Times-Star*: "Homœopathy is not succeeding because it has never been a scientific profession. Young men entering the medical profession refuse to attend homœopathic colleges. The homœopathists are trading on a title—Homœopathy—used as a trade interest. Naturally they are concerned over the disintegration of their cult. Wilcox is right in assuming that the homœopathists are rapidly disappearing. In four or five more years you will not find a man who will care to become affiliated with them.

"The American Medical Association is broad enough to admit into its ranks those homœopathists who renounce allegiance to any particular cult and who have become scientific through their own endeavors—not through Homœopathy for Homœopathy is not scientific. Homœopathy is about obliterated. I think they had fifteen or twenty colleges years ago but now there are only one or two left. It is a dead issue. The homœopathic Pulte College at Cincinnati had to be closed down and was merged with another at Cleveland. The Council of Medical Education, which gives grading to the medical colleges, is authority for the statement that there is not a single homœopathic college of first rank as a medical institution in the United States.

"The charge that the American Medical Association is a political machine is absurd. It has one idea—to promote the health of the people. Dr. Wilcox says the association has made an unholy alliance with the army and navy medical departments—the truth is merely that the army and navy medical departments have always been scientific departments. Wilcox says the medical association wants to control every college in the land—the truth is that the young men of the country merely want to go to scientific institutions and steer clear of Homœopathy."

Dr. Reed's major premise is wrong, consequently his whole argument falls. He assumes that the A. M. A. is "scientific." That is his major premise. The A. M. A. is not "scientific." It is merely based on theories which change every year. The theories are so vague, that no man comprehends them, not even the theorists themselves. Homœopathy is founded on a demonstrated natural law. It is not a theory, or a trade-marked scheme for making money. Homœopathy is as much a law as is the law that water will seek its own level.

The word "scientific" applied to medicine is an error, because there is not, nor can there be, a "science" in medicine as there is, for instance, in chemistry. The elements of chemistry are fixed—but no two human beings are the same, for man is a combination of loves, hates and passions inhabiting a tenement of clay, or in the words of Dryden:

A fiery soul, which, working out its way,  
Fretted the pigmy body to decay,  
And o'er-informed the tenement of clay.

The allopath knows a good deal about the tenement, but nothing about the one who inhabits it, though that is the essential. The Homœopath takes cognizance of the inhabitant and afterwards of the damage he has done to his tenement.

The Homœopath considers the origin of the disease; the Allopath considers effects only, consequently he is not, nor never will be rational until he starts from causes, as does Homœopathy.

What Dr. Reed has to say about the number of homœopathic colleges is about as exact as is the usual run of A. M. A. "science." Read the following, which is copied from "The Journal," that is to say, *The Journal of the American Medical Association*. The editor heads it "One View of Scientific Medicine:"

*To the Editor:* Declining to continue my sub. to *The Journal*, I tho't at first to give my reasons, but they are so good and so well known to you (reasons held by many other physicians as you well know), that I concluded to give none. As you have written me, I may here state my think.

*The Journal* seems to be the mouthpiece of a lot of high-toned quacks and quackery, of nonsensical experiments and experimenters in arterial tension, blood count, bacteria and opsonins, anaphylaxis, serums and other hi-falutin, enough to disgust a Chinese or a digger Indian, to say nothing of an intelligent practitioner of the present century whose object is to save human life and relieve human suffering. You stick to fads and fadists and refuse to print an article from the real doctors, the men who are doing the real work of the profession among the people.

You say *The Journal* is published in the interest of the medical profession; I say it is not, but on the contrary in the interest of a clique incapable of successful practice of legitimate medicine. To carry out their schemes would pauperize two-thirds of the people who are in need of a physician's care and enrich the undertaker.

In other words, I think that you are conducting just as big a piece of quackery as Friedmann or that other duck from Frieberg who says a woman can only be confined in his hospital; in fact, you have worked over the old superstitions and fads of the dark ages into what you call advanced science, and if sensible men refuse to treat their cases with your particular "Witches Broth" hypodermically of course, you stand to condemn them as back numbers; but they save their cases and without mutilating operations or a \$500,000 mortgage for a plaster on the patient

I think that I will leave you to guess at the rest that I might say; still I am yours respectfully,

M. E. WOODLING, M. D.,  
Las Vegas, N. Mex.

Dr. Reed puts up a gorgeous "front," but the fact is that none of the "sects" in medicine have lost so much ground as has the allopathic, *alias* "regular," *alias* "scientific," which once had the whole field to itself, but has lost the bigger part of it; the people turned away from it and are turning away more and more every year, partly because it has become so expensive, but chiefly for the reason that its results are so often but Dead Sea fruit.



## A THOROUGH PROVING OF EUONYMUS ATROPURPUREUS.\*

By A. L. Blackwood, M. D.

Synonyms. Burning bush, Wahoo.

During the past year observations were made of the action of this agent on twelve persons, most of whom were students of the Hahnemann Medical College of Chicago. In the proving it was at first used from the tincture to 30x potency, as we were unable to elicit any definite symptoms except in one case with potencies above the 3x, the higher potencies were abandoned and those from the tincture to the 3x were employed. One of the provers who took the 30x recorded several symptoms that were in accord with those observed in persons with the lower potencies. It is interesting to note that the brunettes were more susceptible to its action than were the blondes. Of the eight dark complexioned provers each took but a few doses before they complained of headache, mental disturbances and much distress in the hepatic and renal region. The bowels were constipated. The blondes in five drop doses of the tincture every three hours recognized it as a tonic. They felt fine, the appetite was increased; when pushed to 30 and 40 drops every three hours it produced a relaxed condition of the bowels; the stools were soft bright yellow and contained an excess of bile, and they then experienced many of the symptoms of which the brunettes complained. None of the provers had any ill effects when the proving was over.

I am indebted to Clifford Mitchell, M. D. and E. J. George, M. D., for observations in their departments, also to T. Klueter Paul, Assistant Pathologist of Hahnemann College for the following report, as well as Boericke & Tafel for the supply of medicine.

Commencing April 16th five guinea pigs were given drug, three getting a proportional human dose, 1/60 of a drop, and two getting five drops each. At intervals of one, two, or three days, with exception of resting periods of a week, at two different times the guinea pigs were injected. The three getting

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\*Read before American Institute of Homœopathy, Atlantic City, 1914.

1/60 drop to commence were increased gradually to 5 drop doses and the pigs commencing on five drops were increased to eight and twelve drops. Twelve doses in all were given with the following result:

1. A very marked increase of thirst.
2. A nice, fat, sleek appearance contrasted with pigs having the same care which are only common looking.
3. Scabby, irritated places at point of inoculation.
4. No increase in temperature.

At no time were pigs noticeably uncomfortable and none showed any sick effects whatsoever. Injected subcutaneously.

Mind: Confused, cannot think consecutively and has to make an effort to concentrate the mind on the work, despondent and low spirited, more pronounced the longer the medicine is taken. Irritable and cranky, swearing, mind foggy, lassitude, stupor, loss of memory, slowness to find the proper word in talking, unable to recall familiar names.

Head: Heavy frontal headache passing to the occiput, intense, heavy and tiresome, worse towards evening and makes one nervous and irritable, cannot endure it. Dull headache from any use of the mind. Sore, tired feeling with mental confusion, bruised feeling of the scalp, relieved by gentle pressure and massage.

Pain over the right eye, it extends back through the head to a point opposite the ear, and seemed to go through the brain and not around the skull. Sensation as of an object lying in the brain tissue: this pain was dull and constant, increasing after each dose of medicine and diminishing until the next dose of medicine. Modalities relieved when in a cool draft, on covering the eyes or on using a slight amount of pressure. A pain was noted below the left ear, it seemed to be very near the surface. Sensation was that of someone pressing hard on the spot. The pain was constant and disappeared on lying down.

Eyes: Pain as if from over-strain of the eyes, pupils dilated, eyes ache.

Ears: Sensation of ringing.

Nose: Watery coryza, with yellowish tinge, nares stopped while taking the medicine. Burning sensation as though cold was developing.

Face: A few pimples appeared, but soon left after repeating the drug and the complexion became clear.

Teeth: Dull aching in the lower maxillary.

Mouth: Mouth dry with unpleasant pasty taste, dry burning and smarting.

Throat: Parched and dry.

Appetite: No desire for food, but ate when it was placed before him: appetite better than usual (blondes), longs for salty things, salt pork, bacon, salt fish, craving for acid fruits. Relishes foods that had hitherto been distasteful.

Stomach: Nausea and vomiting. A pain was noted which would come on and disappear after each dose of medicine. Belching of gas occasionally. Thirsty but not caused by a dryness of the mouth or throat, seemed to be more of a mental symptom, would find myself going for a drink without being actually thirsty. No matter how large or small a meal the stomach seemed full and uncomfortable following it.

Abdomen: Two hours after eating felt weakness and distress, chiefly in the umbilical region, stool constipated, light colored, hard and knotty pieces, diarrhoea, yellow in color, diarrhoea alternating with constipation, profuse and attended with nausea and a severe distress in the abdomen, sensitiveness of the hepatic region, liver is increased in size.

Great amount of flatus. There was a pain noted in the abdominal region, this was a dull ache and constant with no relief regardless of pressure or hot or cold applications. Slight rumbling could be heard at times, but not so very often. Before the passage of flatus there would be slight cramping pains, these would increase in intensity if the pressure due to the flatus was not relieved by the passing of flatus. The cramps were short and would come and go. The pressure would relieve them. They were intense through the mesogastric region. They were not the kind that made one double up, but there seemed to be little relief from walking about. A feeling of fulness and somewhat painful sensation through from bladder to back, pressure in abdomen low down beginning third day and continuing as long as the remedy was taken.

Stool and anus: Constipated and hard, light colored (in brunettes): looseness of bowels, stools thin and yellow (in

blondes), they are profuse and contain an excess of bile and much distress in the abdomen, flatus and death-like nausea and vomiting.

Stools dark brown and for the first three days of taking the drug they were watery. When they became normal were still very dark brown and passed very rapidly. There were no lumps in the stools at any time and they were smooth and passed easy.

The anus was very sore during the first three days as long as the watery stools continued because they seemed to burn the anus. I was forced to use a damp cloth cleaning the anus because paper seemed to be too harsh and the burning was relieved for a time by the cold water. Sometimes I would have the feeling that I had to pass some fæces, but no matter how hard I would try nothing came, not even gas, and then at other times gas would come. The fæces were not bad smelling, in fact, could hardly detect any odor on close examination. Desire to defecate but no relief from bowel movement. Stool soft and mushy, but could not evacuate, lasted some days after I stopped the medicine.

Urine: Scanty and highly colored, red-yellow, acidity increased.

At times urine was passed very often and then again would not pass it for hours at a time, that is to say, that there was no regularity about the passage of urine, after each passage there was a pain just back of the acute spine of the pubis; the pain was not intense, but seemed as though two raw surfaces were being imbedded together. The urine is forced out rapidly and when the most has been past the remainder comes out slowly.

Male sex organs: Increased sexual desire, nocturnal erections.

Female sex organs: Menses too early and too profuse. Respirations labored, has difficulty in climbing stairs.

Chest: Constricted feeling in the region of the heart. Pain under ensiform cartilage.

Neck and back: Dull pain between the shoulders and about the renal and splenic region. Aching soreness in renal region (under) 12th rib, most on right side.

There was a pain in the lumbar region, which came on the fourth day after taking the drug, and was continued throughout the proving. The pain was a dull ache, did not increase or de-



crease, but was the same at all times. It was such that when I stooped to pick anything up I had to lean on something solid for support. This pain was a little better on lying down, but never did it entirely disappear.

Upper limbs: Sensation of beating of the pulse in palms of hands, with feeling of fulness, this persisted as long as the remedy was taken and some days afterwards.

Lower limbs: Aching in all the joints, the pains were dull and uncomfortable. The ankles were the most painful, my feet felt swollen and tired as though I was breaking in a new pair of shoes.

Skin: Intense itching and burning, aggravated by hot bath.

Sleep: Drowsy feeling together with a general feeling of lassitude, was very sleepy, sleepy more than usual. An untroubled sleep, went to sleep readily and slept soundly all night.

Generalities: Felt perfectly well except in the places mentioned, was not sick or what one might call uncomfortable at any time, as the pains were not intense, but dull and not so severe.

Modalities: Pain in the back is relieved by bending backward, abdominal distress is relieved by defecation. Better in open air and after sleep, for a short time after eating. All pain seemed to be better on cool days and in bed.

Blood pressure: (This varied, but usually it was increased) in one case it was 100 when the proving was started and in two days was diastolic 145, systolic 175.

#### CLINICAL.

Case of migraine, Miss G., aged 28, suffers from a periodical sick headache every five days, lasting from two to three days.

Premonitory symptoms are light colored stools, at regular time, malaise and stupid feeling. Eyelids were swollen and blue. Face puffy.

There is stiffness, aching, tenderness and soreness of occiput and cervical region, often extending lower. Becomes intolerable and makes me feel that if I could cut it open it would relieve the pressure. Worse in the right side. Meantime has spread to eyes, forehead and temples. Entire head is sensitive to touch. Tremendous throbbing in head, especially the right temple. Head feels very hot. Face anxious and pale or dusky and besotted. The tongue is always coated yellow at base; dirty yellow-white coat-

ing anteriorly at times of headache, with bad pasty taste in mouth.

Appetite light ordinarily. Anorexia with headaches becoming nausea. After twelve hours or so bile passes into stomach when headache becomes intolerable. Vomits quantities of bile which relieves headache, and is usually crisis of attack.

The bowels are regular daily, but movements were insufficient. At times of headaches the stools became light colored or might have no movement one day. Always passed with some difficulty. Enemas are returned with much offensive gas and thick flakey pieces.

At time of headache urea and specific gravity of the urine is low and the indican and acidity very high.

There is stiffness and tenderness of back, especially in cervical and sacral region.

There is high blood pressure, 130, becoming higher, during the headaches, 175. Tachycardia, pulse rate usually 85, becoming 100 or 110 with headaches. Tumultuous heart action felt all over body. Where the covers touch the feet or where one limb is crossed over another or the fingers touch the hand much throbbing is felt. Throbbing felt, especially in head, preventing sleep all winter for several hours after retiring. This is now much better.

It is hard to explore new fields of thought at time of headaches. Hard to study. Do things in a mechanical or routine way. Do not want sympathy or any one to know I am sick. It makes me provoked. Worn out after a headache and cry easily, desires to be alone.

Headaches come in spite of most abstemious living, but almost surely if I eat two square meals in the same day or two pieces of store candy or rich food, or after heavy work or night work or public speaking or during the anticipation of unusual strain. Better from cold applications, absolute quiet and darkness, also better from a certain amount of light activity, as walking. Worse from noise, light and jars, eating temporarily relieves and then aggravates headaches.

Euonymus 2x, four times a day, has corrected this condition.

Case No. 2.—Albuminuria. Mrs. W., aged 33, complains of sick headaches, which begins in the frontal region and is worse

upon the right side passing to the occiput. It is severe and exhausting and is attended with mental confusion so that she cannot concentrate her mind upon her work, she is low spirited and despondent, there is more or less anorexia, nausea and, at times, vomiting. The bowels are usually constipated and there is more or less hepatic disturbances and sensitiveness of the hepatic region. A laboratory examination of the urine showed a high percentage of albumen, a deficiency of urea, hyalin casts, and an excess of bile and indican. Enonymus atrop. 1x, three drops was administered four times a day for two weeks, when all the symptoms, including the findings of the urine, had much improved. The 2x was then administered with gradual improvement. In eight weeks the urinary findings were normal and she had complete relief from all her symptoms.

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### **IODOFORM AND IODINE IN CERVICAL ADENITIS.\***

**By Daniel E. S. Coleman, Ph. B., M. D.,  
Prof. of Materia Medica in the New York Homœopathic  
Medical College and Flower Hospital, New York City.**

This paper is written to suggest the more frequent use of *Iodine* or *Iodoform* in cases of cervical adenitis and to impress the necessity for the employment of some drugs in less attenuated doses when used in certain morbid conditions. I personally believe in the efficiency of high, medium and low potencies and feel that we lose much by adhering tenaciously to the preconceived notion that we must always prescribe given dilutions.

The similar and single remedy in a dose sufficiently diluted to cause no aggravation is all that is required for a homœopathic cure. I have known physicians to alternate remedies in the 200th potency and still imagine that they were prescribing according to our law of cure. This is not Homœopathy. When the single remedy in the smallest dose that will cause a reaction, whatever that may be, is administered, that *is* Homœopathy.

In conversations with my exclusive high potency colleagues

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\*Read before the International Hahnemannian Association, Atlantic City, 1914.

I find that their experiences with *Iodine* or *Iodoform* in adenitis have not been gratifying and I have concluded, after my own results, that it is necessary to prescribe these remedies very low in this condition. On the other hand, my exclusive low potency colleagues can say nothing favorable of *Natrum mur.* in intermittent fever, but I *know* the brilliant results this remedy has accomplished for me in the high attenuations. It behooves us, therefore, to have an open mind "proving all things and holding fast that which is good."

CASE I.—Female, aged 9. Disposition mild and yielding, light hair and blue eyes. Greatly enlarged node on left side of neck. This condition had existed for several years. *Pulsatilla* 30th, *Silicea* 30th, and other remedies were prescribed without result. I then gave *Iodoform* 3x trituration, one tablet four times daily. Evidence of its action was manifest in two days; the node became red, softened rapidly, broke and discharged its contents. It was completely healed in about two weeks. The patient is extremely robust to-day, thirteen years later.

CASE II.—Female, aged 18. Enlarged node about two inches in diameter. Had received x-ray and vibratory treatment before coming to me. The physician was able to reduce other nodes, but this one, however, defied his best endeavors. He then referred her to a surgeon who advised an immediate operation. Both these doctors were of the "old school." I disagreed about operating, claiming I could cure the trouble with medicine. She then visited three other homœopaths; two advised an operation, one agreed with me. In the absence of any constitutional symptoms indicating another remedy, I prescribed *Iodoform* 3x. The node began to soften and its contents were evacuated of an ounce of pus in four weeks' time. In two weeks more it had entirely healed. She is well and strong at present, over three years later. These nodes were diagnosed as tubercular and confirmed by the von Pirquet reaction.

This young lady was wise in not submitting to an operation, which simply removes the *results* of a morbid dyscrasia, leaving the disturbing elements behind to manifest itself in other portions of the body.

The young lady's father was also in pocket \$221.00, the dif-



ference between the amount asked for the operation and my bill.

CASE III.—Female, 27. Large chain of nodes on the right side of neck of tubercular character. Operation advised by "old school" physician. The "terrible results" that would follow if she did not submit to his advice were impressed upon her mind. I differed. *Iodoform* 3x has caused all but one of these enlarged nodes to disappear. Only one discharged. She has had only occasional treatment extending over about two years.

CASE IV.—Male, 49. Sent by above patient. Large, hard swelling on left side of neck about four inches in diameter. Diagnosis of tubercular adenitis made by "old school" physician. No result from five months' treatment. Feb. 17, 1914. Patient weak, easily tired, face pale. *Iodoform* 3x, 2 tablets q. 2. h. Feb. 24th. A little softer and smaller. An anterior and a posterior portion can be distinguished. *Iodoform* 2x, 3 tablets q. 2. h. Mar. 12th. Anterior node much softer; posterior, smaller. *Iodoform* 2x continued. Mar. 2d. Much improved. Remedy continued. Mar. 31st. Swelling about half original size. Remedy continued. May 4th. The originally enlarged nodes continue to improve, but another has appeared just above clavicle. *Iodine*  $\theta$  gtt. X in half glass of water,  $\mathfrak{v}$ ii q. 2. h. June 1st. Much improved. Enlargement above clavicle almost well. The anterior node of the original swelling very soft, posterior node smaller. *Iodine*  $\theta$  gtt. XX, in half a glass of water,  $\mathfrak{v}$ ii q. 2. h. June 22d. Anterior node practically well after discharging profusely. Other nodes very much smaller and softer. The entire swelling is about one-fourth its original size. The patient's general health is vastly improved also. *Iodine* continued. (I have seen patient since reading this paper and find swelling considerably smaller.)

It is worthy to note that these enlarged nodes are just as apt to disappear without discharging as with it.

One more case may be of value to show the peculiarity of different strengths of a remedy even within a narrow range. Female, 59. Lump in breast discharged and grew smaller from *Iodine*  $\theta$  gtt. vii. in half a glass of water,  $\mathfrak{v}$ ii four times a day. Gained ten pounds. Her husband, thinking if a little were good

more would be better, doubled the number of drops. She stopped improving until this was corrected. In her particular case the latter was not the minimum dose.

What is the *modus operandi* of *Iodoform* and *Iodine* in adenitis? It cannot be due to any direct antiseptic action in the quantity given. Two tablets of the 3x trituration of *Iodoform* contains about  $1/520$  of a grain of *Iodine*. *Iodine* does not circulate free in the blood, but in combination as an *Iodide*. The amount of blood in the body is  $1/13$  of its weight. A person weighing 130 pounds would have ten pounds or 76,800 grains of blood. If the *Iodine* did circulate free in the blood, *and it is not free, but in combination*, it would be diluted  $\frac{1}{39,936,000}$ . Two tablets of the 2x would have a dilution of  $\frac{1}{3993,600}$ .

The largest amount of *Iodine* given in any of these cases was 8 gtt. XX, dissolved in a half glass of water, 5ii at a dose. This amount of *Iodine*, if circulating in the blood, would have dilution of  $\frac{1}{46,080,000,000}$ . Any antiseptic action is thus out of question.

The action cannot be antipathic because the patients grew better constitutionally and no pathological symptoms were produced. Again, only the diseased tissues were affected.

*Iodine* is capable of affecting the nodes in a manner resembling the morbid condition cured,—*the action is therefore homœopathic*. Remember that characteristics are found in objective, as well as subjective, symptoms.

*Iodine* and its compounds have served me well when indicated in exophthalmic goitre, simple goitre, rheumatism and other diseases.

One word more, triturations of *Iodoform* lose strength with age; be sure that this is not the case when you dispense it.

## PRESENT AND FUTURE POSSIBILITIES OF MATERIA MEDICA.\*

By John Hutchinson, M. D., New York, N. Y.

The debatable status of *Materia Medica* appears ever to be taken for granted. I wonder if this is not because we are apt to cherish an objective perception of therapeutics. That is, there are, let us say, three methods of drug employment: allopathic, homœopathic and eclectic. Question: Do you make an allopathic selection, or homœopathic selection, or eclectic selection? Put in this way, the case seems simple, and it is plain that the three pharmacopœias have nothing in common but words.

The task of prescribing claims much more than the consideration of favorable remedies. It presupposes definite notions of the right way to approach those remedies. And it by no means views Homœopathy as a subsidiary element in medicine. The late William James once quoted a wonderful remark made by an unlettered workman. It was this:

"There is very little difference between one man and another, when you go to the bottom of it. But what little there is is very important."

The very important difference between one remedy and another is not sufficiently clear in many cases. And we may forget that the great importance consists in the *slight* differences which may exist between certain remedies. And even if we remember, this fact cannot be fully comprehended, for we know that *Materia Medica* is not understood when taken by itself alone. Without the *Organon* as guide and expounder the treasures are not entirely seen. It is often very hard to find the similar remedy for a trying case, to say nothing of the *simillimum*.

If *Materia Medica* were taught in conjunction with the *Organon*, there would, at least, be no confusion about the former's employment. There would be no chance to lay down the rule that a certain remedy must always be used in the 3x, that *Pulsatilla* will not work above the 6th, that *Bryonia* should be given

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\*Read before International Homœopathic Association, Atlantic City, 1914.

in the 30th, and that high potencies do not act; that *Phosphorus* must be freshly prepared in every case, not to say that it should smoke, and that *Aconite* is never indicated unless you reach your patient before he sends for you.

Chronic features obtain in so many patients for whose acute disorders we are called upon to prescribe, that before we have time to realize it the case assumes larger proportions. The problem becomes a philosophical one despite our praiseworthy aims in the line of simplicity. In the situation, hourly forced upon us, what should we do without the counsel of the *Organon*?

For instance, what aid can we command that approaches its equivalent? Whether the case has been mismanaged, whether it presents incurable features, whether it demands immediate relief from some distressing feature, whether for any relief whatever it must depend on a long and painstaking search for the similar or most similar remedy which it should have received long before, whether its psychological phases deserve the most care, and what must be contemplated in any and every prescription,—these and scores of other queries are answered for us in that royal volume, the *Organon*. I know there are here many physicians who are so familiar with its pages that as these single problems are mentioned they are able to refer to the exact paragraph or paragraphs containing the needed information. I wish that we all could do it. However, there is no reason for useless regret. We all know the book, and with it at hand, we are in full armor.

Perhaps some of us can go back in memory to the time of first seeing the pages of symptomatology in Hahnemann's *Chronic Diseases*. To some of us that first view was astounding. Chronic Diseases! And here are only symptoms, subjective and objective! Where are the diseases? Well, the answer to that was made by the late Dr. William P. Wesselhœft, who, on taking the long case of a new patient, was asked by the latter, "Now, Doctor, what is my trouble?" To which the doctor replied, holding the closely-written pages before the patient's eyes—"That is your trouble!"

Hahnemann's phrase for the diagnosis—A "*species*" of typhoid fever, a "*species*" of pneumonia, impresses me as the acme of exactness in diagnosis. As is well known by us all,



Hahnemann was accustomed to make the most thorough physical examinations of his patients. He knew obviously the general diagnostic appellation for the case. But he went much further than this when he set his individual case apart from the general majority of cases by that word "*SPECIES*." That seems to emphasize the fine difference that should always obtain between the ordinary diagnosis and the diagnosis made by the homœopathist.

The species of pneumonia calling for *Ipecac* is not the same pneumonia as that calling for *Animony*. And so we might carry the statement almost through the *Materia Medica*. The point is, to attach the importance, not to the broad, but to the narrow classification. That is what diagnosis is for. It is possible that diagnosis, as ordinarily understood, is responsible for that misapplied slogan, "The Totality of Symptoms," for so long now degenerated to the numerical totality, and having confused disastrously for many minds the peculiar symptoms of the patient with the inevitable and commonplace symptoms of the disease.

You will be interested, I know, in the following letter from a member of the homœopathic school of medicine:—

"What splendid results have been accomplished in preventive medicine by the use of typhoid bacterins in our army, where they have practically wiped out the disease in the last three years. Then there is Acetozone, that splendid intestinal antiseptic, which does so much to prevent intestinal putrefaction and distension of the abdomen with gases. And surely you must realize the great value of calomel or castor oil in the early stages of the disease, as well as of Somnos in typhoid delirium and insomnia.

"I thank the Lord daily that he has permitted me to see the glorious 20th century with its great advance in preventive medicine. What a privilege to use such agents as Salvarsan for the cure of syphilis, Phylacogens for the treatment of rheumatism, and specific sera for combating meningitis, pneumonia and septicæmia."

The man who wrote this graduated from a homœopathic college and passed his examinations well. But even our old school friend knows better than to make such statements. Is it not humiliating that a homœopathic physician should be governed by such convictions in the face of his heritage? It might be interesting to know what thoughts cross his mind, as he learns, from time to time, that the well-studied and scientifically-applied

remedies of our Materia Medica are being rediscovered and crudely applied by the old school. Say, *Apium virus*, in good punishing doses for rheumatism, Mistletoe (*Viscum album*) for the heart that goes wrong somehow; *Crotalus* for sciatica that defies surgery, *Bufo* for epilepsy, wherever and however seen, *et cetera ad nauseam*.

The publised errors in diagnosis remind us that we are bound to excel such statistics. In a leading hospital outside our school, with every facility for diagnosis, in only 22.5 per cent. of the autopsies was the diagnosis confirmed. In 14 per cent. it was partly correct, and in 34.1 it was entirely wrong or not made at all. What shall we say of the diagnoses in non-fatal cases? It is probably safe to estimate that in 10 per cent. only could the diagnosis be depended upon if taken. *American Medicine* says to this: "So let's get to work in the matter of finding out what kills so many people prematurely."

That last quoted sentence is astoundingly suggestive. Further, it points a certain moral. Let it be remembered that we are confronted with drug diseases and worse toxæmias wherever we are called. We receive every day cases that have been coolly prognosed hopeless after having received the course of treatment that may have made them so. I see no solution for these problems, but in our Materia Medica rationally availed of by the wisdom of the Organon. That the latter should be neglected in conjunction with the teaching of the use to be made of symptomatology is most regrettable. Because it is neglected, we have the state of mind evidenced by the physician who thanks God for *Salvarsan* and its ilk for use on other people.

As to the form and size of our Materia Medica, given us by master minds, we cannot spare a line, nor can we improve on Hahnemann's arrangement that has been repeatedly indorsed by our best provers and clinicians. The possibilities of our Materia Medica are unlimited, and I would only insist that it is the privilege of every practitioner to add his quota to the already priceless mass of authentic provings.

441 Park Avenue.

**THE SIMILLIMUM.**

**By S. W. Roger, M. D., Newton, Kansas.**

The remedy producing or capable of producing in the human system effects similar to the symptoms of the disease. These remedies are derived from the animal, mineral and vegetable kingdoms.

Not only tested or proved in the healthy human organism, but potentized, by dilutions and triturations, after being selected by the pharmacist, the chemist, the zoölogist, the botanist, who, in addition to these qualifications, possesses an honest purpose to supply preparations, not only in the strictest purity, but also in the exact form or quality called for by the exact homœopathic physician.

The simillimum, especially of the nosodes and minerals, is not an idem or isopath. Not the same as the substance from which it is produced, but a dynamized, developed, penetrating preparation with an affinity for the diseased tissue from which it was taken, carrying with it a healing process by which the diseased organs are quickly, safely and permanently restored. Dilutions, potencies not dynamizations.

It has been demonstrated that certain tissues have an affinity for certain drugs. When an infinitesimal quantity of silver, for instance, is taken into the system, it may be found in certain tissues of the brain, and always there, when nowhere else.

Tissue cells have the power of selecting missing elements from the blood stream if there in ever so minute quantities. The simillimum supplies the missing element and the world has no greater benefactor than the medical practitioner who is well versed in the law of similars.

It will be seen, from the above, that the efficacy of the small dose and the capability of the human system to appreciate and utilize the highly potentized remedies, are facts, based, not upon a vagary of the imagination, but upon the most modern and accepted truths.

Every department of the physical world is governed by certain unalterable laws, the discovery and practice of which have

enabled researchers, by leaps and bounds, to reach the present eminence in sciences.

The most radical of the dominant school would admit that the poisonous effect of *Mercury*, *Quinine*, *Salicylate of Soda*, *Iron* or *Strychnine* is remarkably similar to the disease for which it is prescribed or has the power to cure. Yet they choose to remain blind skeptics of the law, wading through marshes of serum and viruses after non-existing specifics, to the great detriment of their patients.

The eminent Osler once said:—Nobody has ever claimed that the mortality among the homœopathic practitioners is greater than that of the regular school. But the claim of less mortality among the real scientific practitioners has never been publicly denied.

This is an age calling for quality and efficiency and no one in any position is justified in supplying anything different from what the applicant calls for, prays for and pays for.

The head of the family, the mother of children, the babe in the cradle, yea, the maid servant, the man servant, the ox and the ass have a right to remonstrate against the innumerable death dealing toxins and narcotics of the present day.

There is no greater field for sanitation than the human life stream and the simillimum is capable of becoming the great Saviour and redeemer of the public health. The law of similars, being infallible, and reliable, not only deserves universal recognition in our struggle for purer constitutions, but is an absolute requisite to stay the ever increasing development of trachoma, cancer, pellagra, insanity and any number of undiagnosable lesions arising from spontaneous retrocession of diseases and the application of erroneous and unscientific methods.

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## CARCINOSIS.

By **Eric Graf von der Goltz, M. D.**

At the present time nearly all papers, medical and lay, print daily reports or discussions on *Radium*. It may, therefore, be of interest to read the following experience with an infinitesimal dose of this precious metal, at this time, when weighty authorities claim that so many victims of cancer have died directly from the influence of the *Radium* in an overdose!



*February 22d.* I was called to see Mrs. R., 50 years old. Patient narrated that she has been treated for gall-stone colic in the last year until, finally, the physician, forced by the increased attacks, recommended her to go to a hospital for an operation. It was impossible for me to decide if patient was suffering from gall-stones or not. I prescribed *Nat. phos.* and *Mag. phos.*, according to Schüssler.

*Feb. 25th.* I was called hurriedly for such an attack; the patient was vomiting when I reached her. Five quickly repeated doses of *Mag. phos.* 1x soon relieved her.

*Feb. 26th.* Another attack, but more severe than the last one, not yet 24 hours ago, was again successfully relieved by *Mag. phos.* 1x.

*Feb. 27th.* Patient suddenly in the night, at 2 A. M., was awakened by the most excruciating pains. As I reached her bedside I learned that another physician in the neighborhood had twice administered, hypodermically, *Morphia sulph.*, one-fourth grain, but without relief to the patient. I now come to the conclusion that these attacks were brought on by something else than gall-stones, asked for all possible information and finally succeeded in getting the following data: *The mother and one sister of the patient had died of cancer uteri; one brother, not long ago, had died shortly after an operation for cancer recti in the hospital of the Mayo brothers.*

This hypodermic treatment excluded all treatment per os and I gave a hypodermic injection of *Radium bromide* 12x, dilution prepared for me by Boericke & Tafel, of New York City.

This dose of *Radium* for the relief of pains and cramps in a carcinosis constitution conform to my former observations (Feb., 1910, HOMŒOPATHIC RECORDER, Vol. XXV., No. 2), and acted miraculously—the patient was perfectly relieved in thirty seconds, and has so remained to the present day—April 11th—perfectly free of any return of the pains, which, for nearly a year, required the constant attendance of a physician.

The explanation of this case must be the same one which Dr. John H. Clarke, the first writer on *Radium* in the infinitesimal doses, gives in his book on pages 85 to 110.

To my mind this, *a priori*, by Dr. Clarke, and then by myself, has accentuated the relation between *Radium* and the carcinosis

constitution and has explained the more or less pessimistic opinion expressed in homœopathic circles over the failures of *Radium* in practice!

The symptomatology of *Radium* is such a perplexing one, *that in my practice I use Radium only where the suspicion of possible heredity could be maintained.*

At the present time different cases of the most diverse diseases are under *Radium* treatment and promise brilliant results *on account of established carcinomatous taint in the families.*

If those cases fulfill my expectations I shall report same, as I consider *Radium bromide* 4,000,000 radioactivity, 12x to 60x, to be the most formidable and most precious weapon of the rational, *i. e.*, the homœopathic or biochemical physician, against cancer.

205 E. 72d St., New York City, April, 1914.

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### “THANKS TO DR. NASH.”

Editor of the HOMŒOPATHIC RECORDER.

A child, three years of age, was taken with typhoid fever and grew steadily worse until the second week, when I was called. The following symptoms were present:—

Complete stupor; entire unconsciousness; pupils no action to light; hearing gone; occasional scream; lips red, very red, like beef, raw, cracked and bleeding; tympanitis; bowels constipated; moved every alternate day by the injection of glycerine; stools very offensive; sometimes with flakes of something like burned straw; constant twitching of the toes; temperature 104°; extremities very cold; pulse thready; *Opium* and *Baptisia* were being given alternately. Thanks to Dr. Nash, the lips led me to give *Aurum triphyllum* at 9 P. M. Next morning the patient became conscious and rapid improvement set in and continued to recovery. I therefore say, with Dr. Nash, “I guess the next time I’ll know enough to prescribe according to symptoms and not for the name of the disease.”

G. RAYE.

Gauhat, Assam, India, June 9.

**DEMAND YOUR RIGHTS.**

408-9 Donaldson Bldg.,  
Minneapolis, June 25, 1914.

*My Dear Doctor:—*

Believing that we Homœopathists of Minnesota have been hampered for years by a mixed Examining Board, which has kept our practitioners out of this State, while our numbers have increased in the neighboring States, normally and according to the popular demand; that we have helplessly stood by and seen our University College wiped out by a hostile clique in the Board of Regents at the bequest of the A. M. A. governing council; and that we have simply been led about by the nose for years, while the Osteopaths, Veterinarians, registered Nurses, Blacksmiths and other cults have kept their rights and made a legal status for themselves; I, of my own free will and at my own expense, take this means of getting the views of our profession on the subject of a separate examining board.

It seems to me the time has come to act, and that unless we strike out for ourselves by asking for a SEPARATE BOARD we will keep on dwindling to a non-entity in this rich and growing commonwealth.

I am inspired by the example of Illinois in the Questionnaire, and am using their questions, as sent out by Clifford Mitchell, of Chicago, Chairman.

His answers showed 91 per cent. against the A. M. A. and 88 per cent. unqualifiedly in favor of a separate Homœopathic Board. Only 15 per cent. guarded their answers or replied imperfectly or unintelligently. (See HOMŒOPATHIC RECORDER, May 15, 1914.)

A prompt answer will be esteemed as a favor, and no improper use will be made of the information received.

Yours fraternally,

WM. E. LEONARD.

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**PREDICTIONS OF THE FUTURE OF MEDICINE.**

Some one sends us a copy of the *Washington Post* with a heavily headlined dispatch from Chicago. The gist of it is the forecast made by Dr. W. E. Nieberger, of Bloomington, Ill.,

before the Illinois Homœopathic Medical Association, which runs as follows:

"The world is rapidly approaching socialism and paternalism. The state is assuming more and more responsibility which once rested on the individual. This nowhere is so evident as in the field of medicine, and even now in Germany doctors are paid by the government.

"The time is comparatively not far distant when the medical profession of this country will come under direct control of the state, and paid employes of the government will look to the public health.

"The physician will be primarily a 'biological engineer' and teacher, as the name means. He will be the efficiency expert in the mating of man and woman and the subsequent rearing of children. The time is rapidly approaching when the physician will not only cure disease, but will prevent it.

This is sensational else the Associated Press would not have telegraphed it, but whether state medicine will come to pass is open to doubt. It will if the allopaths, or "biological engineers" can force it through. If they do the homœopathic doctor will have no job under it, for he is not loved by the allopaths even when he tries his best to be friendly with them and falls in with their ever shifting beliefs. Neither will the public stand for paternalism, if one may judge from things seen and heard, and the growth of beliefs, like Christian Science, which, at bottom, is but a rebellion against the dominant and domineering medical sect that holds the power to-day and wants more. Homœopathy is founded on the bed-rock of Science, and it seems to us that it is unwise for its men to join in the dervish dance, going on to-day among the "science" crazed. Some may say that this is putting the thing too strong, but in an eminent scientific journal just to hand we read of a new preparation, which "is an extract of human syphilitic organs, used to give a cutaneous reaction in diagnosis of syphilis." Soon we may look for things compounded according to the prescription by the witches to Macbeth when he would look into the future. Yet it is said to be scientific.

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### **THERAPEUTICALLY HOMŒOPATHY IS SUPREME**

Therapeutics is the science and art of healing—the treatment of disease. In the use of drugs for therapeutic purposes Homœopathy stands supreme to-day. The great advances in medi-



cine during the past half century have been in pathology and in finding the causes of disease. The knowledge so gained has been of inestimable value in the prevention of disease. It has been of very little value in the cure of disease. The external manifestations of disease, the objective and subjective symptoms, have not been changed by a knowledge of their ultimate cause.

And this is where the indicated homœopathic remedy is so important. It fits the symptoms, the only evidence we have that a patient is sick. The knowledge that typhoid fever is always caused by a specific organism that must enter the digestive tract to do its work is of use, because then we can take intelligent measures to keep it out. After the germ has once entered the body and the patient becomes sick, then the peculiar symptoms produced may call for *Bryonia*, or *Baptisia*, or *Arsenic* or some other remedy. The typhoid bacillus has no direct relation to our choice of the remedy, nor to the results attained by its use. And so with all other diseases. There is no way to recognize disease except by its manifestations, its objective symptoms. The properly indicated homœopathic remedy that most closely fits a given case by the objective and subjective symptoms found in its pathogenesis is the one that gives the best results; *similia similibus curentur*.—From address by *Walter Sands Mills* at Atlantic City meeting of the A. I. H.

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### **GILA MONSTER (HELLODERMA HORRIDUS).**

Those who hold that the bite of the Gila monster is poisonous can find proof for their belief in the experience of Frank Bronson, of Santa Monica, California, as detailed in the local papers, clippings from which were kindly sent to the RECORDER by Dr. J. E. Huffman, of Orange, California. Bronson was playing with one of these lizards and afterwards picked it up and put it under his coat, remarking that it could not stand the cool breeze. The thing then bit him over the heart. He went to a drug store and then collapsed, and was rushed to a hospital, where, in time, he recovered consciousness, but was totally blind and partially paralyzed in the upper part of the body. Those are the only symptoms recorded in the accounts of the

case. G. W. James, quoted as an authority on desert life, says: "The venom of a Gila monster is as deadly as that of a rattlesnake." Yet it differs radically from serpent venom, being alkaline, while the serpent venom is acid. S. Wier Mitchell wrote that it causes no local injury, but "arrests the heart in diastole, the organ afterwards contracts slowly—possibly in rapid rigor mortis." Dr. C. D. Belden, who furnished the venom that has been used a little by homœopathic physicians, wrote that the effect of the poison is a benumbing paralysis, akin to paralysis agitans or locomotor ataxia and the effects are very long lasting. Mitchell calls it a "virulent heart poison."

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### SYPHILIS.

The following is from an editorial in the *Therapeutic Gazette*:

"One of the fairest and most straightforward presentations of our present knowledge concerning syphilis and its treatment is presented by Cunningham in the *Medical Record* of March 21, 1914. He begins his article with this striking sentence: 'We have shot our last bolt, made our last bombastic boast, exploited to the limit the patented panacea of the new Apostle Paul, and we are still confronted with the unpalatable truth that in lues our medication offers no assurance of success. After a faithful adherence to the prescribed treatment, the luckless luetic who is entering on the long martyrdom of locomotor ataxia might well exclaim in the manner of the Bard of Avon, "A pox on both your houses! *Salvarsan* and *Mercury*."' "

"It having been demonstrated long since that *Mercurial* treatment does not by any means prevent late syphilitic manifestations, which are apparently due to the hiding of the specific parasite in portions of the body where it was not hitherto known to exist, it is also becoming more and more evident that treatment by *Salvarsan*, however efficacious it may be in destroying the spirochætæ in secondary lesions, is as ineffective as *Mercury* in preventing locomotor ataxia and paresis; or, in other words, it is essential not only to use *Salvarsan* in the early and late stages of syphilis, but to accompany or follow it by the administration of *Mercury* as vigorously and for as long a time

as we have been accustomed to do heretofore. Cunningham goes so far as to assert that nothing more is to be expected from *Salvarsan* than from *Mercury*, and that neither of these drugs is a preventive of the deplorable consequences of syphilitic infection; or, as he well puts it, 'the outer works may be swept clear of the enemy, but the citadel is still in its hands.'"

(The *simillimum* is the only real drug cure for any disease. Some day medicine must come to it *en masse*.—EDITOR H. R.)

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### WHOLE MILK DIET FOR INFANTS.

(The following is taken from a letter to the *British Medical Journal*, May 24, written by Dr. Ronald Carter, of Kensington):

Later on in his article D. Cameron draws rather a gloomy picture of the child who is fed entirely on pure cow's milk. He says that "the want of sugar often leads to constipation, to want of growth, and to backward development generally." He writes of the pale, undersized pure milk infants, and compares this with the larger and fatter infant who has some additional sugar in the diet. Now, I venture to say that this description gives an entirely false view of the pure-milk baby. No doubt at Guy's Hospital the infants are only brought when they are ill, so that Dr. Cameron would come in touch with the failures due to whole-milk feeding. On the other hand, at our infant consultations the object is to prevent illness, and so we are able to exercise some supervision every week with regard to the amount and quantity of food. We certainly do not see these small, puny, backward children which we can definitely ascribe to whole-milk feeding and to no other cause. On the contrary, the vast majority are active and have hard muscles, and are better developed than those fed on milk mixtures. The growth of an infant is surely more dependent on the protein constituents of the food than on any other.

Dr. Cameron says, in referring to pure milk feeding, that he "has seen infants who for months showed no gain in weight, although they were daily taking enormous amount of milk of good quality." These cases, I should say, were suffering from dilated stomachs due to overfeeding. It is essential that the child should not be given more milk than it can digest; the small

feeds which even breast-fed infants obtain, as shown by the "test feed," should put us on our guard in ordering cow' milk. I have repeatedly found the child puts on weight if the amount of milk is reduced. I cannot agree with Dr. Cameron that whole-milk feeding causes constipation. I find that the commonest cause of constipation is starvation, and that if the quantity of food is cautiously increased the bowels will act regularly. It stands to reason that if there is not sufficient residue in the bowel there can be no stimulation of the centre in the spinal cord. I have never found it necessary to give drugs or sugar to cure constipation.

I think proprietary foods should be prohibited amongst the poor because of their expense. Carbohydrate can be given in the form of bread jelly to infants of six months and over, and amongst the very young ones I order bread soaked in boiling water, and then squeezed through muslin; the portion which passes through the muslin can be added to the milk in the bottle.

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## HOMŒOPATHIC TREATMENT OF GALL STONES.

Here are a few extracts from a paper under above heading by Dr. G. W. Anderson, Eastonville, Colo., taken from *A. I. H. Journal*:

"Medicinally, I have treated a number of cases with scarcely a failure. I was out of school but a short time when a case came under my care. When I suggested an operation the patient would not hear to it, saying he had always treated with homœopathic physicians and that he had a relative cured of gall stones by their treatment. In taking the symptomatology of his case, I found that chronic constipation was one of the leading symptoms, corrected it and gave him instructions as to diet and habits, put him on *China* 6x according to Dr. Thayer's method, with result of a cure. I treated a number of cases with good results, but was later doomed to learn that I did not have a specific. If we could only remember that there is no royal road in medicine, even in homœopathic medicine, we would save ourselves from many pitfalls."

After detailing a few cases Dr. Anderson concludes as follows and it is worth reading:



"In conclusion I do not believe we have a specific for any disease. Each patient is an individual case and must be prescribed for according to the totality of symptoms, keeping in mind the diseased organs or tissues, removing all possible conditions that seem in any way to produce or continue the diseased conditions, or that in any way appear to interfere with or overcome the system's power of resistance or its ability to throw off disease. In this day and age when we hear so much regarding preventive medicine we should be grossly negligent if we neglected any of these measures. Then after correcting all these deleterious conditions we usually find a more clear-cut group of symptoms pointing more clearly to the indicated remedy. I firmly believe from my observation in the treatment of gall stones in twelve years of practice that fully 95 per cent of all uncomplicated cases, if taken in hand before serious pathological complications arise, can be cured by the indicated remedy."

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### SUGAR AS AN OXYTOXIC.

D. A. Frias y Roig (*Revista de Medicina y Cirugia Practicas*, February 28th, 1914) gives these properties as those which most characterize the ideal oxytoxic and by the approach to which we must judge any agent proposed as an oxytoxic: (1) It must not be very toxic; (2) it must respect the normal rhythm of the uterine contractions and not produce a state of tonic spasm; (3) it must not interfere with the normal expulsion of the placenta; (4) it must not harm the child either by tonic spasm of the uterus, by separating prematurely the placenta and causing hæmorrhage, or by any direct toxic action exercised through the blood; (5) it must act promptly—the quicker its action the better the effect; (6) its action must cease with the birth of the child, and its elimination must be rapid, and no toxic derivatives must appear in the mother's milk; (7) it must act most strongly during the first stage of labor. The author considers the action of sugar as an oxytoxic comes nearer to this ideal than many of the more frequently used drugs. It was first used by C. Keim, of Paris, in 1898. Its action seems to be essentially physiological. Sugar is a muscle-food—the

source of muscular energy. There is in the system of the pregnant woman at terms an unusually large quantity of sugar. Some of it is required by the mammary glands. The state of the liver, the hypertrophy of the suprarenal capsule and the hypophysis all contribute to the excess of sugar in the system. At the beginning of labor the uterine muscle and blood is saturated with sugar, which suffices in a labor of normal duration. In delayed labor, however, the supply may be insufficient; under various circumstances the amount of sugar produced may be diminished, and may have as a result abnormal weakness of the uterine muscle. In his first communication Dr. Keim advocated the administration of sugar in the form in which it is secreted by the mammary glands. Afterwards, however, he found that ordinary cane sugar acted as well or even better, as it was more quickly absorbed, and was much more easily obtained at any time and in any place. It should be given in small doses, frequently repeated, and in concentrated solution, between meals; 25 grams of sugar, dissolved in half a glass of water, may be repeated several times at intervals of half an hour. Sugar as an oxytoxic has its most suitable application towards the end of labor, when there is no mechanical obstacle to the expulsion of the fœtus and where the delay is due simply to uterine inertia.—*British Medical Journal*.

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### THE MORTALITY FROM TUBERCULOSIS.

The French are a very practical people who will not take the rose colored figures given out by the gentlemen who are waging a war against that which is poetically, rather than scientifically, termed the "Great White Plague," as the following from the Paris letter to the *Journal of the A. M. A.* shows:

"If the figures furnished by official documents be consulted, it will be seen that, for the city of Paris, tuberculosis has been noticeably on the decline for a number of years. In 1875, of each hundred thousand inhabitants of Paris, 410 died of pulmonary tuberculosis; in 1911, only 343. These are, as a rule, the figures cited when the diminution of mortality from tuberculosis is discussed: they are drawn from the statistics of the population, and do not recognize any cause but pulmonary

tuberculosis. As it has been said, however, it is a mistake to say that the mortality from tuberculosis has dropped from 410 to 343 for each hundred thousand inhabitants, because the thousands of deaths caused by the localization of tuberculosis in organs other than the chest are forgotten. Furthermore, mortality from tuberculosis in the suburbs of Paris, which are growing to immense proportions, is not mentioned. According to a table made recently by Dr. A. Fillassier, of the Statistical Bureau of Paris, which concerns the morbidity of the communes of the Department of the Seine, it is seen that the number of deaths due to tuberculosis has grown steadily from 1896 to 1911. This reinforcement from the suburbs makes up in a great measure for the falling off in the tuberculosis death-rate of Paris proper.

"This undiminished mortality from tuberculosis has still another cause. Since 1880, in spite of the growth of the population of Paris, the general mortality has been lessened by 10,000. The health of Paris has therefore most fortunately improved: certain diseases are on the decline. But for each hundred deaths due to all causes, the proportion of those due to tuberculosis has steadily increased, having risen from 20 to 25 per cent."

It is sanitation in all its phases, aided by Homœopathy, that has reduced the death rates of the world. The Panama Canal Zone, Havana, and other places, were redeemed by the work of sanitation and the men who did the work deserve all the praise given to them, but, aside from this, it is an open question, whether the sick would not have done better if left to nature and the nurses.

If sanitation could be left to the learned doctors of official medicine, and prophylaxis and treatment be turned over to homœopathic doctors, we would be making a very big "step in advance."

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### SARTOR RESARTUS.

Our philosophical friend, Dr. R. H. Andrews, in his journal, *The Medical Summary*, gives his readers some advice on "The Doctor's Clothes," which, while not new, is ever appropriate, and

so it is passed on to the readers of the RECORDER—not that they need it, of course, but because—well, just because:

“Not one will find fault with the doctor for appearing neat and clean of person with his apparel always looking presentable. On the other hand, the doctor who is careless of his clothing should be directed along conservative lines and should present nothing loud or striking. Men’s clothing is one thing that has not advanced in price perceptibly in recent years. The care of the clothing is an all-important matter. To this end the man who can afford two or three suits at the same time will find that such is really economy, as it gives him an opportunity to get those not in use pressed, cleaned and always ready for service. The doctor’s clothes are peculiarly subject to spots and stains. The sooner these are removed, the easier it will be on the fabric. Spots and stains are professional earmarks that are no recommendation to even the humblest feminine clientele. The average woman can see a grease spot farther than a man can see a red necktie.”

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### THE MOUTH IN TUBERCULOSIS.

“I have found, and I expect many have made a similar discovery, that the routine examination and treatment by an experienced dental surgeon of the mouth of all dispensary patients is not only of value in the treatment of chronic pulmonary tuberculosis, but is also of considerable use in eliminating numbers of doubtful cases. A clean mouth is the exception among the poor, although many of this class, it is true, enjoy good health in spite of the constant septic absorption thereby entailed. But once infection by a chronic debilitating disease such as tuberculosis has occurred, oral sepsis undoubtedly plays a large part in dealing with, and perhaps altogether preventing the acquisition of, that high degree of resistance by which alone a cure can be effected. Chronic cases with a tendency to relapse who have had full sanatorium treatment require the greatest care and the best environmental conditions if the working capacity, which, after all, is of essential importance, is to be maintained; untreated oral sepsis under these conditions may frequently turn the balance adversely for the patient.”—*Dr. R. C. Wingfield in Lancet.*



## THE SPECIALISTS' DEPARTMENT.

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EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

### OUR CONTRIBUTORS.

We are pleased to announce an article this month from the pen of Dr. S. W. Lehman, of Dixon, Illinois. Those who have been asking for more homœopathy in this department will get all they want (and a simon-pure quality of it also) from Dr. Lehman, who, we hope, will continue to write for us from time to time. Owing to limited space we are obliged to divide his article.

Dr. Dwight Clark concludes observations on his obscure surgical case in this issue.

### THERAPEUTIC NOTES.

**Dr. Dwight Clark's Case.**—The obscure case described in two previous issues of the RECORDER is still further elucidated, as follows:

Right nephrectomy was performed through perpendicular lumbar incision. The kidney was delivered with no more than the usual difficulty. Through a small nephrectomy several bean sized masses were felt about the pelvis. The nephrotomy was then enlarged, the masses found to be caseous deposits near the papillæ, and the entire organ removed. Some liquefaction was observed in the pyramidal substance near the masses mentioned, there was much pelvic pus, the ureter was dilated about six times its normal diameter, but the remainder of the organ was in fairly good condition. The wound was closed with rubber tube drainage after amputation of the ureter as low down as possible and careful cauterization.

The kidney was found to contain B. tuberculosis and staphylococcus. A vaccine made from the same has been administered without any particular effect.

The post operative progress of the patient has not been satis-

factory. A morning temperature of 100 to 102 with an evening rise of from one to two degrees has continued to date. The pulse has been varying from 118 to 160 with an average of 130. The wound has been draining properly and healing from the bottom. The patient has no pain and complains of nothing but a poor appetite. She is anxious to get up. The white count has varied from 5,400 to 6,000. Widal is negative.

Patient was transferred to Chicago Fresh Air Hospital, 4/3/14, where Dr. E. A. Gray admitted on 4/9/14 that the right lung findings were tubercular.

Since reaching the hospital the wound has broken open and a general miliary tuberculosis has developed, the right kidney has decreased secretion with increased pus, urine and fæces are involuntary, there is much bladder urging and pain, some suggestion of meningeal involvement and the patient is evidently in a dying condition.

**Grubbe on the Value of the X-Ray.**—Recently before a surgical society Emil H. Grubbe, B. S., M. D., of Chicago, said: The X-ray is the most reliable method for determining true pathology known to-day, and I predict that when the value of scientific radiography is thoroughly understood and appreciated, far less attention and weight will be given to other methods of diagnosing these lesions. A radiography properly made and correctly interpreted is not only of diagnostic value but it also gives important information for use in any operative procedure which may be contemplated. Often it is of value in determining whether to operate or not.

**A Case of Chronic Interstitial Nephritis and Its Lesson (S. W. Lehman).**—If I propound the question, "what is a cure," I will get as many different answers as there are conceptions of disease. Can we call the disappearance of a symptom, or a pathological condition, a cure? Would any one who has a case of well developed measles in the morning, and beheld the same case in the evening with the rash disappeared, and the patient in collapse, call it a cure of measles? This is acute disease, but the same law prevails in chronic diseases.

A patient who has had a skin eruption cured by a local application will, five years later, seek the skill of the same physician to remove an internal cancer or tumor, the result of the sup-

pression. So a cure must result in restoring health as well as removing the symptom, which is only the sign of sickness. *It is the duty of the physician to heal the sick and not to extinguish his symptoms.*

The symptom is only the material evidence of the disorder of that which is dynamic and unseen.

Every external symptom, when removed, must correspond to the internal improvement; if not, the sick has not been healed, only the sign has been erased.

Mr. D., aged 78; without giving the reasons, I wish to say, that we were dealing here with an extreme pathologic condition, known as chronic interstitial nephritis with a tendency to hyperplasia of connective tissues throughout the body. This diagnosis is of high value in prognosis because it, in a way, determines the length of time the patient might survive for treatment, or the necessity of its being an obstacle in the way of recovery. Many additional symptoms were added to the symptom complex because of this pathological condition.

The true nosology of any case will only be discovered by inquiring into all the outward phenomena of life. For the body is an instrument that will indicate signs and symptoms of error 500,000 times more minute than can be discovered with the microscope.

A man of this age, subjected to many of the hardships of life, and never having recourse to the dynamic effects of drugs, must of necessity have a complex of symptoms which are hard to read and understand. In this case the operative cause was at work throughout the system. The poison, generated by in-harmonious processes, seemed to be more concerned with connective tissue, and especially kidney tissue than that of any other organ.

The case came under my observation July, 1909; he was poorly nourished, but of stout, vigorous frame with a general anasarcal condition. Appetite poor, arteries hard, pulse irregular, with peculiar numbness all over the body. Unable to lie down, had slept in a chair for three months prior to my first visit. Urine was scanty, 300 c.c., dark, loaded with albumin.

The previous history, which is always one of importance, gave us no clue for our present unfortunate results. There was

neither tuberculosis, accident nor poisoning that might have been pointed to as a probable cause.

#### KALI BICHROMICUM.

But out of it all a very clear case for this remedy was decided. He had a very severe cough, lasting an hour or two, each time, with retching and expectoration of tough mucus. There was also a tender spot in the upper part of the lungs. Along with the first symptom, he had rheumatism in the joints, and especially in the knees, pains in the muscles, and aching in the legs. The pains were rather sharp and shooting with a history of changing places suddenly, associated with stiffness of the legs, and cracking of the joints together with scanty and high colored urine with much deposit. This makes a fairly good picture with the remedy. The symptoms were associated with others that my notes do not mention. I continued this remedy for some time, using the remedy from the 3x up. There was gradual improvement of all the symptoms under the use of this remedy until September. I gave also intercurrent remedies, as we give food and water, but those are not important inasmuch as the prognosis by his former physician was bad, and to the effect that the probable duration of life of the patient would not be over two months. I consider my results quite remarkable, as most all of the symptoms had cleared up to such an extent that the patient was able to lie in bed, and to be about with a fair degree of comfort.

*(To be continued.)*

#### GENERAL LABORATORY TECHNIQUE.

JULIUS A. TOREN, M. D., CHICAGO.

##### BLOOD ANALYSES.

In this number of the RECORDER we shall depart somewhat from our usual custom of giving merely laboratory technique, and have a little to say about the application of laboratory findings.

First of all, we wish to file a protest against the class of laboratory work being done by so many of the commercialized



laboratories, and to explain our reasons therefor. For example, in the matter of blood examinations, we receive from time to time the fee-tables of laboratories, large and small, located in all parts of the country. Many of them charge from \$1.00 to \$3.00 for a so-called "complete" blood examination. A "complete" urinalysis can be had for from \$0.50 to \$1.50. We wonder how they do it!

The examination of blood is a highly technical procedure from beginning to end, and months of practice are required to perfect one's skill to the point where the inherent percentage of error is reduced to a minimum. There are so many little niceties of technique required, of which the average physician has no conception; how to make the puncture in such a way as to avoid distortion of the blood picture; the proper filling of the pipettes to secure an accurate dilution; the adaptation of the diluting fluid to the length of time before the specimen can be examined; the proper mixing of the contents of the pipette (requiring from 3 to 5 minutes); the element of speed in filling the chamber of the blood-counting slide and placing the cover-glass before the corpuscles can begin to settle; the proper cleaning of the pipettes so that their accuracy may not be impaired; the training of the eye to accuracy in counting, etc.

The making and staining of blood smears and the making of the stains to be employed—we have never been able to buy satisfactory blood stains anywhere—are matters requiring experience and skill.

If there is any part of medical laboratory work where absolute accuracy of technique counts, it is in blood work. To learn the various pitfalls which may trap the unwary, and to become thoroughly grounded in the appearance of the various blood elements with various stains, mean years of work and study. Through our custom of counting 600 to 1,000 leucocytes from four different smears, instead of the customary 100 of the commercial laboratory, it has been our good fortune to find pathological elements in several cases where they would certainly have been missed had we counted less than even 200.

When following what we believe to be the only honest way of making a "complete" analysis of blood, the time required for procuring and examining the specimen and making out the

report is from 2½ to 3½ hours. The investment required for doing this work properly is \$250.00.

Doctor, how many reports of urinalyses have you filed away in your desk saying "*indican negative or absent.*" If they are more than 1 in 10 to the probabilities that your analyst is "not on the job." Indican is easy to demonstrate when one knows how, and is practically never entirely absent after infancy is past. If your \$0.50 to \$1.50 examiner of urine cannot find indican, how about faint traces of albumin and an occasional hyaline cast, both of which are more difficult of detection than indican?

It stands to reason that no individual with the necessary qualifications for this sort of work, and spending the amount of time to do the work *right*, is going to accept the wage of a scrub-woman. As an incorrect laboratory finding is *worse than none*, we regret the present tendency to cheapen and to commercialize laboratory work. The motto of the laboratory worker should be the same as that of every other, not how cheaply, but how well. A cheap, inefficient article of any kind is an economic waste, and this applies most emphatically to laboratory work.

## CLINICAL URINOLOGY AND RENAL THERAPEUTICS.

CLIFFORD MITCHELL, M. D.

**Failure of the Benzidine Test for Blood in Urine.**—A specimen of urine examined recently contained both leucocytes and red blood cells, but the benzidine test for blood pigment was entirely negative even in the freshly voided urine. From the peculiar appearance of the reaction our inference is that the urine contained some drug product which masked the blue color or prevented its appearance.

**Miscellaneous.**—Dr. Dwight Clark, in the July RECORDER, has given us an important note on the treatment of **urgency** in cystitis: he washes out the bladder twice daily with a 1 to 2,000 solution of formalin, following with the instillation of eight c.c. of 10 per cent. argyrol.

Dr. Frank Wieland, in the same number of the RECORDER, has directed attention to the relation of **varicocele** to **impotence**.

Neubauer has tried a new method for determining **renal function**, which consists in the administration of 1.5 gramme of creatinine by the mouth in a little sweetened water. If the patient has at least one healthy kidney, the creatinine is eliminated in from six to twelve hours, but if both are diseased the elimination requires many hours.

A French clinician, whose name escapes us, is authority for the statement that the **pre-tubercular condition** may be diagnosed by determination of the calcium content of the urine with the patient on a meat diet for two days.

Beveridge has found that in 300 cases of diabetes 80 per cent. have increased **acidity of the gastric chyme**. This may explain, we think, the remarkable tolerance of soda bicarb., which is a favorite prescription with us in severe cases of diabetes.

Anent the promiscuous use of **nitroglycerine for high blood pressure**, Cornwell speaks strongly in opposition to it in advanced cases of chronic nephritis with very high blood pressure or in any case of very high blood pressure of toxic origin.

According to Lorand **diabetes** is prone to develop in those who eat too much meat and at the same time use large quantities of carbohydrates. In our own experience the use of sweets in excess is common in the previous history of diabetes.

The work of McCaskey in examining the test for **renal function** is to be praised and to be studied carefully.

He criticises the phthalein test because of its obvious failure to differentiate between urea, chlorides, and water excretion. His own choice as a test is urea which he gives by mouth in a thirty gramme dose on an almost empty stomach thus overcharging the blood with the substance. The range of total excretion of urea he finds in the normal kidney to be from 20 to 30 grammes in the first twelve hours.

McCaskey sensibly observes that we have no right to starve a patient as regards protein diet when we do not know whether he can eliminate protein, chlorides, or water best. Hence the failure of the phthalein test to give us any really accurate information as to diet in nephritis.

**Treatment of Albuminuria and Nephritis.**—We have had some surprisingly good results in the treatment of albuminuria and nephritis of late by paying close attention to the acidity of the

urine in terms of decinormal sodium hydroxide as described in *Modern Urinology*. The results obtained in certain severe cases, where albumin was from 5 up on the Esbach tube and casts numerous and various, have been so unusual as to warrant reporting. The only treatment used was such as will diminish the urinary acidity. It has been found by the writer that in certain cases of albuminuria the urinary acidity runs very high relatively to the urea content of the urine. This increase in acidity cannot be accounted for by the quantitative analysis and seems to be due to some unknown acid of a toxic nature. At any rate surprisingly quick recoveries have taken place when the acidity has been reduced by simple measures. Had the writer not actually seen albumin disappear in one week in one such case, and diminish rapidly in another in ten days, he could hardly have credited the treatment with the results obtained.

The freshly voided urine must be obtained in order to draw any correct inferences regarding the acidity. In collecting the 24 hours urine it is necessary to divide it into several portions and to keep each portion entire in a sterile bottle on ice while the rest is being collected.

**Erratum.**—In the July RECORDER, Specialists' Department, page 323, paragraph 3, for recovery from either form is possible, read recovery from either form is impossible.

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## BOOK REVIEWS.

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### THE HOMŒOPATHIC PHARMACOPŒIA OF THE UNITED STATES.

Published under the direction of the Committee on Pharmacopœia of the American Institute of Homœopathy. (Third edition. Revised.) 680 pages. Cloth, \$3.25, *net*. Half morocco, \$4.00, *net*. Delivered to any part of the U. S., \$3.50, and \$4.25, respectively. Boston. Otis Clapp & Son, Agents. 1914.

A pharmacopœia is always a storm center. Every time the *Pharmacopœia of the U. S.* is revised there is a fight. When the first edition of the *American Homœopathic Pharmacopœia* appeared it had to be called in and the sheets sold for waste paper. The first edition of the book under review, which ap-



peared as *The Pharmacopæia of the American Institute of Homœopathy*, met with a similar fate. The second edition contained certain statements which the Institute voted out, hence this, the third edition, which, we hope, will end the committee's troubles. The main point of difference between this third edition and the older American homœopathic pharmacopœia is in the matter of tincture strength. The new work's aim is to produce uniformity, and all tinctures are therefore directed to be made 1-10 drug strength. The old method divided the tinctures into four main divisions, according to the nature of the plant, and also had four other classes, for aqueous and alcholic solutions.

Time, and future generations, will determine which of the homœopathic pharmacopœias to-day extant in Europe and United States will survive.

To-day we have practically four pharmacopœias—the German and the American, which follow the older methods of Hahnemann: the English, and the pharmacopœia before us. The drugs prepared according to the directions of each will act when homœopathically indicated and the matter of drug strength in Homœopathy is subordinate to the accuracy of the substance to that producing the symptoms.

The new edition of the pharmacopœia under review is a handsome book, well printed and bound. It would have looked better if the running heading had been changed from "*The Pharmacopœia of the American Institute of Homœopathy*" to conform to the title of the book, *i. e.*, "*The Homœopathic Pharmacopœia of the United States.*"

There are some errors in the spelling of the names of the drugs that ought to be corrected in future editions. For instance, "*Anatherum*" should be "*Anantherum*," "*Juncas*" should be "*Juncus*," "*Juniperous*" should be "*Juniperus*," and so on in a few other instances needless to enumerate. In the matter of capitalization of drug names in the index there are many instances where the rule, followed by Gray, is side-tracked. Indeed, there does not seem to have been any rule followed by the index maker. For example, we have "*Epiphegus Virginiana*," which is right, for "*Virginia*" is a word that should always begin with a capital. Yet, later on, we find "*Hamamelis vir-*

ginica," where the capital is absent. It is the rule to capitalize the second name of a drug when that name refers to a man's name, countries or states, like "European," "Asiatica Virginiana," "Americana," "Lambertiana," and so on, but in this index the names are sometimes capitalized, and sometimes not; also sometimes a word is given the honor of a capital, where it is hardly entitled to it by any rule. Take one example. We find "Thlaspi bursa pastoris"—the shepherd's purse, printed "Thlaspi Bursa pastois," though why the purse should be given a capital and not the shepherd it is difficult to say. This applies to the Index only for in the text capitals are used throughout; thus we see "Cicuta maculata" as the heading in caps, and following it the English "Spotted Water Hemlock" as a synonym.

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Hunt, *Boston Medical and Surgical Journal*, writes: "Milk-sugar does not dissolve readily in cold water, therefore if the sugar be added to milk just before it is to be taken, the child does not get it at all if the bottle is not emptied, or gets it all at once in an undissolved condition with the last half-ounce or so of the feeding. To do away with this difficulty it is better to boil the sugar in a dissolved amount of water, thus insuring a dissolved and sterile mixture."

"An old man who had been quite excessive in his habits applied to me for weakness and control of his urine. The entire urinary system seemed very weak. He got up frequently nights, and passed water with considerable difficulty from lack of power.

"I had what was left of a bottle of *Thuja* on my medicine shelf, but the cork had been out and it had evaporated until that which was left was thick. I gave him eight drops of that every two hours, and he has been a very warm friend of mine ever since. On the second day there was less weakness and less frequency. On the fifth day he stated he was nearly cured. After two weeks he told me that the entire strength and tone of the organs had all returned, and that he was like a young man again, and all irritation was gone."—*Dr. Fitch, in Therapeutist.*

# Homœopathic Recorder

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## EDITORIAL NOTES AND COMMENTS

THAT TITLE PAGE.—If to err is human the RECORDER, last issue, was very human with its title page, "August. No. 8," when it should have been "July. No. 7." Not only did the printer's devil give the wrong date and number, but added insult to injury by misspelling the word "August." The date and number were right, however, on the first page of reading. But there is no use crying (or cussin) over spilt milk.

A QUESTION OF GESCHEFT.—Our Oklahoma friend and brother editor, Dr. Frank P. Davis, Enid, contributes a piece to the *Wisconsin Medical Recorder*, under the heading of "Literary Men and Diseases," that raises a question of "business." Here is it: Thackeray, for a time, did not like doctors; in fact, he wrote things that our esteemed contemporary, *Life*, might have fathered. But once afterwards he was laid up with illness, Dr. John Elliotson came to him and the great author was so pleased with his treatment that he dedicated "Pendennis" to him, because "you would take no other fee but thanks, let me record them here in behalf of me and mine, and subscribe myself, yours most sincerely and gratefully, W. M. Thackeray." Dr. Davis thinks that Elliotson should have taken the fee which he refused when offered. That is the question. The June RECORDER contained a lot of opinions on this topic. That dedication solved the publicity problem for Elliotson as nothing else could even though it is quite plain that he did not seek it; consequently in refusing pay he was doubly paid. Dr. Davis be-

littles this by saying of the book, "Pendennis." "it isn't a very good book anyway." But this is an Oklahoma literary heresy, which will be outgrown by the time that born Oklahomians become grandfathers.

CANCER.—Dr. Perrion here gives, in detail (*Revue Homœopathique*, April), two cases of cancer cured by him with homœopathic remedies. One was a cancer of the stomach and the other of the uterus. The details remind one of Burnett's cases. On the fifth of May he prescribed on the symptoms, *Oxalic acid* 6, three times a day; this was followed, at various dates, with *Apis*, *Conium*, *Thuja*, *Arsenicum*, *Carbo animalis*, *Hydrastis*, *Nux vomica*, *Pulsatilla*, *Bryonia*, *Lycopodium* and *Phosphorus*. In October the case was pronounced cured and has remained so since 1894. The drugs were mostly given in the 6th potency, some in the 3d, the *Thuja* in the tincture, and all as they appeared to be indicated. The cancer of the uterus presents a similar variety in the drugs prescribed with an equally good result. Dr. Perrion writes that he is confident that Homœopathy should take the front rank in the treatment of cancer, as brilliant success would follow. The fact that certain experienced gentlemen shrug their shoulders at the proposition to cure cancer with homœopathic medicine proves nothing, but rather suggests that they have never made the attempt.

VERY ADAPTABLE.—The *Southern Practitioner* tells its readers that, "Medical information, like many systems of philosophy, is eminently satisfying in one regard—that with patience one can find proofs to support any pet habit or even little vice." This does not gee with the current notion that medicine is one of the exact sciences.

CONFIRMING HAHNEMANN.—The *British Medical Journal* has an editorial on inebriates in which is quoted a Dr. Hogg, who has charge of a "home," that "no single rule-of-thumb-method can be successful." Each case must be studied individually. Does not this hold true of every other disease? Does it follow that whenever a specific "germ" is bacteriologically discovered to be present that a specific remedy is indicated? Alcohol is the germ, or, at least, cause (on the surface) of the ills for which



Dr. Hogg's "home" was established, yet he says that no rule-of-thumb treatment is possible in treating those who go down, apparently, from this *very* specific cause. If this is true of one specific "cause" is it not true of others? Hahnemann was right. Disease is a departure from the normal and must be rationally treated according to its evidences, and not from the microbe the laboratory man announces.

WHAT IS THE CAUSE?—That nothing exists or can exist without a prior cause is an indisputable axiom. Benjamin G. G. Brock, of Germiston, South Africa, in a letter to the *Lancet*, writes that cancer, tuberculosis and leprosy are rapidly increasing in that region. He says that 29 years ago cancer was a very rare disease there but to-day "it is comparatively a common disease, so much so, indeed, that it is attracting public attention." This is also true of tuberculosis and leprosy. In one region leprosy has about trebled. Mr Brock seems to think that the cause of these diseases is syphilis. But syphilis prevailed for years and these diseases did not. There is one fact which he does not mention—that these ominous diseases have come in since men began to pierce through the skin to give curative or prophylactic treatment. It may be but a coincidence, of course.

CRIME.—Our esteemed contemporary, *The Joliet Prison Post*, edited and printed by the prisoners, reports a speech made to them by Clarence Darrow, who said in part: "The first great cause of crime is poverty and we will never cure crime until we get rid of poverty." Is it a fact that all criminals come from the ranks of poverty? In a certain country town a man told us there were 75 able bodied young fellows who would not work if their parents, or others, would support them. From this it appears as if aversion to work was more of an incentive to crime than is poverty. In the main, poverty is more of an effect than a cause. We once knew a man who was industrious, but chronically poor. Suddenly he came into about \$50,000.00 and in a year was as poor as ever, or worse, for he was in debt. He "blew it in."

VERY TRUE.—The following from the *Journal of the A. M. A.* is sound doctrine: "There is need in every school not only

of an intensive course in what is worthy and efficient, but also of demonstrations and lectures on proprietary methods and 'What not to prescribe.' When one considers the fact that the allopaths ever seek for a specific for each microbe when there are none he can see that the only road out of the therapeutic morass in which they are mired is the homœopathic road.

PREHISTORIC MEDICINE.—Dr. T. Wilson Parry, *Lancet*, in a paper on "Prehistoric Man and His Early Efforts to Combat Disease," among other things says:

"The Mantira, a low race of the Malay Peninsula, believe that there is a separate disease-spirit for every illness, one for small-pox, one for inflammation of the hands and feet, and one for hæmorrhage." If the medicine men of Mantira had substituted "microbe" for "spirit" they would have been quite up-to-date. However, granting either, what is the answer when it comes to curing a case caused by microbe or spirit?

"DISINFECTION."—The RECORDER has always contended that soap, water and sunlight were the only disinfectants of value. The *Journal of the A. M. A.* now seems to be coming to that point of view, as the following, clipped from a long editorial, shows: "Large sums of money have been and are being spent by city health departments in disinfecting rooms after cases of infectious diseases. The custom has in its favor the weight of opinion and the sanction of long tradition, but its efficacy in preventing the spread of infection is now being seriously questioned by some experienced health officers." Also, "At least one definite conclusion seems justified: many public-health measures are still on an experimental basis and, like any other similar procedure, must be judged by their outcome." The time will come when some other protective measures now in vogue will be seen to be on a par with that of making a bad smell to drive away the disease demons.

THE ANTITOXIN UNIT.—How many men know what constitutes a "unit" of diphtheria antitoxin? Even though this is the most scientific remedy known to-day—as the word goes—it may be doubted if any one knows. A correspondent of the *Journal A. M. A.* asks the question, and the editor answers:

"In testing the antitoxic serum, the amount is determined which will protect a 250-gm. guinea-pig against 100 times a fatal dose of the toxin. The quantity of antitoxic serum that preserves life beyond the fourth day is itself the unit. To test the serum itself, guinea-pigs weighing exactly 250 gm. are given toxic bouillon, 0.1 c.c., plus varying quantities of the serum—1/200, 1/300, 1/400 c.c., etc. All live except those receiving less than 1/400 c.c., which die on or about the fourth day. The serum can then be assumed to have 400 units per cubic centimeter unless it is desired to test more closely."

The oftener this is read the more befogged one becomes, though the use of the word "assumed" does clear it up to a certain extent.

APPROACHING HOMŒOPATHY BUT WILL NOT ACKNOWLEDGE IT.—A medical letter to the *Journal of the A. M. A.* from Vera Cruz, describing the dysentery among the troops, says that "a few cases were treated with antidysenteric serum, but without other result than the production of annoying urticarial eruption." After this *Opium* in various forms was tried, but the men so treated did not do so well as those who received "small doses of salts." Now as "salts" will move the bowels we hold that this is an approach to Homœopathy. The soldiers are to be congratulated on escaping the serums.

TREATING POISON CASES.—The paper causing this note described a fatal case of poisoning with male fern—*Felix mas*. Beyond staring eyes and threatened convulsions no symptoms of the poisoning were given, the paper confining itself to the treatment, which consisted of 25 grains of *Chloral*, 30 grains of *Potassium bromide*, followed by *Apomorphine*, *Digitalis*, *Strychnin* and *Nitroglycerine* in order named. The patient died. One can but speculate as to what would have happened if the fern had been left unassisted. Sometimes, it is possible, if the patient is left to the one poison and nature it might be better. This, of course, does not exclude the simple antidotes and measures. Not every one could stand the treatment outlined.

THE STANDARD OF JUDGMENT.—"You say 'your letters lately would seem to be intended to show how very superior your

Homœopathy is to that of your co-practitioners.' Well, that was certainly not my intention, but rather to show that people's beliefs have often nothing to do with facts: for instance, you allopaths ridicule Homœopathy, but that system of medicine is true all the same. Many practitioners of Homœopathy ridicule some of the most brilliant clinical triumphs of the very system they belong to. In both cases the error is the same: they both childishly suppose that *their powers* are the limits of the possible. I was merely trying to show the fallaciousness of their judgment: and this is important, as the greatest enemies of Homœopathy are often its own weak-kneed or incompetent practitioners."—*From Burnett's "Fifty Reasons."*

EXEMPT FROM TYPHOID INOCULATION.—The following is clipped from the Paris letter to the London *Lancet* concerning antityphoid vaccination being made compulsory in the French army: "The Minister, having regard to the observations laid before the Senate during the discussion on the Bill, has conceded that the military medical officer shall always have the power to exempt temporarily from inoculation any one whose state of health for any reason shall appear to render the operation especially risky." If it is "risky" to inoculate those not in robust health it logically follows that those in robust health must be made less robust by the operation. That "blinding light of modern medicine" seems to be chiefly blinding to those who practice it.

VIOLATING THE LAW?—The *Lancet-Clinic* asserts that out of 107 remaining medical colleges only 30 are granted full recognition by the medical examining boards of the United States. Are not these examiners violating that fundamental of law which grants every one a trial before condemnation? These colleges were chartered by the State, so the question arises. What legal right has any examining board to refuse the graduates of *any* of them a fair trial before the bar of their wisdom? Prejudice seems to be the rule of these examiners, for a certain college will be accepted by the board of one State and thrown out by that of its neighboring State. Some day these gentlemen will be taught by the courts that law, not personal prejudice, is that which must rule.



## PERSONAL.

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According to statisticians Goethe had sixteen loves. The "sorrows" was No. 4.

Statisticians say that the American people spend more for chewing gum than for religion. Why not a chewing gum prohibition party?

"The step from the laboratory to the bedside can only be taken with the greatest care." *Ehrlich*. Most true!

While you may not think so at first glance, nevertheless the Knocker is as useful as the Booster.

"Mental Deficiency." Who goes unwhipt?

When a man stands on his own dignity does he not trample on it?

The "liberty or death" man would rather go to the pen than be shot—sure!

A good clock is always up-to-date.

Now that new straw hat shines (or did), but like the rest of us, it, too, goes the way of all vanity.

They say we owe a debt to medicine—and frequently to the doctor, which is not paid.

"What are teeth given you for?" asked doctor of the bolter. "They weren't given, I bought 'em."

The surest thing to keep a man at home is a stroke of paralysis.

A fast man may have a torpid liver.

Sometimes it is wise not to print the author's picture.

The government objects to its citizens shirking duties.

The chronic fault-finder soon gets a big stock and holds on to it.

The simillimum for love sickness is her smile in the  $\theta$ , so to speak.

"Try, try again," is the motto of the fly.

Health boards want all to get a mash on flies.

When a toxin meets an antitoxin what becomes of the corpse?

"I have downed whiskey," said the prohibitionist doctor at Atlantic, after a dip, "and feel fine."

The country at present is afflicted with germphobia and dancing mania, but they, too, will pass.

"Stand on your head" to cure disease is "the latest" from the eminent scientists of the A. M. A.

Philosophy is chiefly ideas in a gaseous state.

One gentleman advised his friends to take along fans when they died.

If there were more conscience what a tremendous "conscience fund" there would be!

The H. B. says "the flies must go!" and they, *id est*, the flies, sure "go" around here.

"Mr. S. is ill to-day." "I hope it isn't trivial," replied Mr. T.

# THE HOMŒOPATHIC RECORDER

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## THE SITUATION IN MINNESOTA.

The August number of the RECORDER contained a circular letter that was sent to all the Homœopathic physicians of Minnesota by Dr. W. E. Leonard, of Minneapolis. The questions were:

1. "Do you approve of the examination and grading of Homœopathic Medical Colleges by the American Medical Association, its Councils or Committees?"

2. "Are you in favor of a separate Homœopathic Board of Examiners in Minnesota, as in ten States, for the license to practice medicine?"

Dr. Leonard sends the following summary of the answers he received:

### The Minnesota Questionnaire.

The result of the foregoing correspondence is as follows:

One hundred letters, allowing four or five misdirected or sent to deceased physicians, summed up all the addresses of members of the state society and others, as against two hundred some ten years ago! Of these, fifty-one sent answers, a good proportion for busy men and women who are generally careless about their correspondence. Of the forty-nine not answering, I am left to surmise anything I please. Perhaps many of them think the situation hopeless, and that we are, as Dr. Wilcox, President of the A. I. H., said at Atlantic City, pointing to our own faithful Dr. Aldrich, "dead ones."

Those who did reply are quite alive and should be given credit, I believe, for reflecting in their answers, the real opinion of the Homœopathic profession of Minnesota.

*Question No. 1.*

Answers. "No" unqualified, *forty-four*, with the following remarks: *Four* would have a committee of the A. I. H. grade and examine our own colleges. *Four* favor a mixed National Board composed of all schools. *Three* would have the Homœopathsists examine and grade their own schools to a standard adopted by the best. *Two* think we cannot stop the present arrangement and it raises our standards. *One* asks "Just what do you propose to do?"

Answers "Yes," *four*, one qualifying it as follows: "If discrimination, No." *Two* are uncertain, really do not answer the question and say it depends on how it is done.

Unanswered, *one*.

Eighty-six per cent. favor getting away from the A. M. A. domination.

*Question No. 2.*

Answers. "Yes," unqualified, *thirty-eight*, with the following remarks: *Two*, "must have an equal standard." *Two*, "Involves a stiff political fight." *One*, "if there is a reasonable chance of getting it." *One*, favors "a national examining board." *One*, "No license and a different system of schooling."

Answers. "No," *seven*. Of these, *two* think "We may get worse then the present arrangement." *Four*, are "afraid of a double standard,—think the fear of a 'mixed board' psychological." *One*, "we cannot claim favoritism or discrimination,"—would imply that we cannot pass examinations the Old School are willing to pass.

Unanswerable, *one*.

Seventy-four (74) per cent. are in favor of a separate board.

My purpose in this Questionnaire was to find out how our membership felt on these matters and to get some kind of a remedy. The result is disappointing to me and proves how far the deliberate plan of Dr. Perry H. Millard and the A. M. A. Committee of that day (1883 and '87) have succeeded in choking the life out of our School by "benevolent assimilation," as was intended at that time, with remarkable foresight!

How long can any minority flourish when governed by the rules and standards of an overwhelming, unsympathetic majority, even though treated with the utmost fairness?

I am personally not sure about the necessity of exactly the

same standards, for our needs are entirely different. We need men,—the Old School have too many. If they (The A. M. A.) continue to standardize our colleges, from the point of their needs, our students will grow less and less, although now on a slight annual increase, and it is only a matter of time when we perish by inanition.

I am fully convinced that our indifference is due to the complaisance with which our men join Old School organizations and keep up interest in their affairs, to the neglect of the needs of our School of practice. What can be done with men potent in our councils, who say: "What's the use, we all belong to the A. M. A. anyway?" This is not true of some ten thousand Homœopathists, nor should it be of any who believe in practice according to the Homœopathic method, if any handicap remains upon any other practitioner who does the same. All should be loyal to their own School.

It may be—some believe it—that enough recognition is accorded us to warrant our disbanding and joining the Old School ranks bodily; but those of us who are not ready to do that dislike to sit idly by and see our prestige fade away without attempting something to give the people confidence in the only rational system of applying drugs.

If a separate board here in Minnesota is possible or feasible, which it is not unless we agree on it as a whole and stick to it,—will it help us out by putting more men in our field? If not, what will? Or, shall we drift on down to fifty, to twenty-five, and to none at all, as death and removal cut down our members, and let Homœopathy die out in this rich and prosperous community?

In few other states is our situation more desperate after all the advantage we once had.

\* \* \* \*

(It has always seemed to us that Chinese methods of examining has nothing in it of any value. In the first place, the examiners do not examine—many of them couldn't pass themselves—and, in the second place, the ability of a candidate to answer a certain percentage of questions selected at random is no more a test of his fitness than would be his inability to answer them. It is merely a mnemonic test. If a medical college



is unfit it should be suppressed, but if it is a reputable institution its degree ought to carry the right for its holder to practice anywhere in the United States with no more formality than registering.—Editor of the HOMŒOPATHIC RECORDER.)

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### HOMŒOPATHY TO-DAY.

By **Milton Powel, M. D.,** and **John Hutchinson, M. D.**  
**New York, N. Y.**

There is no evidence that any of the principles of Homœopathy have changed. Heeded or not, they still remain established as they were when and before Hahnemann outlined them. They give us the privilege of dealing with the positive in medicine, with facts of the highest practical utility, and we may insist that this state of the case is stronger to-day than ever before.

The real question to consider is: "Where are *WE* to-day in respect to Homœopathy and its principles?"

It is easier or more satisfactory for some minds to study one detail of organic life than to consider the unity of all functional details. Accordingly, the mechanistic view of life has a more widespread appeal than the vitalistic. There is constantly an attempt to get away from the idea of a vital principle that animates the bodily forces.

But we do not know the exact physiological reason for single processes. They have been explained in as many different ways as there are years in which they have been studied.

The physician who has grasped Homœopathy has a respect for the united expression of all the forces of the living organism. The combined expression of its need emphasizes the value of symptomatology elicited by provings, which are the support of every therapeutic effort.

From a readable book, entitled *Mechanism, Life, and Personality*, by J. S. Haldane, M. D., LL. D., F. R. S. (1914), we quote as to the "exquisite delicacy of physiological reactions:" "This delicacy was hardly even suspected in former times. It is only quite recently that we have come to realize the astounding fineness with which the kidneys, respiratory center, and other parts regulate the composition of the blood." Again—

"The fundamental mistake of mechanistic physiologists was to treat such processes as secretion, absorption, growth, nervous excitation, muscular contraction, as if each were an isolable physical or chemical process, instead of being what it is, one side of a many-sided metabolic activity, of which the different sides are indissolubly associated."

So much for the change of view in favor of the "exquisite delicacy of physiological reactions" that the principles of Homœopathy are based upon.

While many counterfeit results are brought about to-day in the name of Homœopathy which are extremely unfortunate, a general survey of medicine is convincing that the law of similars is being constantly verified. It is the perpetual working out of the fact that nothing is the matter with Homœopathy, while a great deal is the matter with those who bungle it. Misconceptions obtain in two great classes of physicians represented by those who assume to use it without knowledge, and those who assume to reject it without being able to suppress the evidence of its working power. Of course it cannot be expected that the latter class will be able to discern the meaning of its phenomena when expressed, any more than it is possible for the tyro to avail of it successfully when need is greatest.

Logically, there can be no longer ridicule of the small dose. Medical announcement reeks with its rediscovery. But because our friends have discerned that one-tenth grain of calomel is better than two grains at once, do they apply that knowledge to other prescriptions?

One would suppose that admiration for massive doses had ceased, in the light of recent reform literature and the precept of practitioners. Yet 30,000 units diphtheria antitoxin are favored at one dose. How much further than the diphtheria this reaches may be observed.

Edward Jenner had this to say in his book:

"In constitutions predisposed to scrofula, how frequently we see the inoculated smallpox rouse into activity that distressful malady! This circumstance does not seem to depend on the manner in which the distemper has shown itself, for it has as frequently happened among those who have had it mildly as when it appeared in the contrary way." Jenner had some courage of

conviction. His prophylactic for smallpox was inoculation of cowpox. But he did not stop there; he proved his case by a second inoculation, this time with the smallpox virus, and so found that the cowpox did protect.

There is a pretty general impression that there has been no such test on those supposedly immunized from typhoid. If they have been given water contaminated by the typhoid bacillus as a test, it is not generally known. But it is generally known that since the use of typhoid vaccination in the armies of the United States of America, of England, and France there has been increase in tuberculosis. Which seems to show that Jenner was right.

We are all familiar with the dictum in respect to the selection of patients for the exhibition of a vaccine or serum that the subject should be in health. It may be submitted, however, that it is very rare to find any person in perfect health.

There was an epidemic of smallpox at Niagara Falls from November last (1913) up to the end of February. There were between four and five hundred cases, according to the health board.

The following table shows the mortality from certain diseases throughout New York State for that period of FOUR months. That is, in the whole State there were exactly three deaths from smallpox recorded, including, of course, *unvaccinated* Niagara Falls, and the other figures are in round numbers, to wit:

Small-pox .....	3
Meningitis .....	200
Erysipelas .....	200
Whooping Cough .....	200
Measles .....	300
Scarlet Fever .....	300
Typhoid Fever .....	400
Influenza .....	500
Diphtheria .....	700
Cancer .....	3,000
Tuberculosis .....	5,000
Pneumonia .....	7,000
Other Causes .....	30,000

Since the later discoveries in physics, the better appreciation of forces exemplified by radium, and the dire consequences of brutal

therapeutic fads, there is scientific awakening to other powers than the grossly material. Yet, while this is so, curiously enough, the menace of inappropriate agents of cure is not fathomed. It would seem that nothing in physics, nothing in chemistry, nothing in life nor death will make it clear. We believe the statement may be maintained that only when the facts that pass review are studied in the light of Homœopathy can the menace be realized. No other philosophy appears to supply the truth as to the reaction of the human organism to medicinal agents. Until such reaction is comprehended, assumption to the contrary will not depart.

Dr. Léon Vannier says: "L'Homœopathie n'est pas un procédé thérapeutique, elle est la thérapeutique qui, procédant de l'expérimentation sur l'homme sain, repose sur la loi de similitude et emploie la dose infinitésimale. Elle est la thérapeutique de l'avenir, la seule qui puisse répondre à l'évolution de la science contemporaine."

("Homœopathy is not a therapeutic process, it is therapy, which, preceded by experimentation on the healthy man, rests on the law of similarity, and employs the infinitesimal dose. It is the therapy of the future, the only therapy which is able to answer to the evolution of contemporary science.")

Again, curiously enough, it would seem that the majority of men of science reject both carelessly and obstinately the method of *exact proving* elucidated as well as formulated by Hahnemann, and that bears to-day more than ever the seal of basic truth which our cult is supposed to respect. As suggested, there is every reason why our school in this decade of the twentieth century should embrace it anew.

In point of fact, the method is faintly regarded and its advantages largely rejected. The school of medicine known as the homœopathic is by no means the distinctive body that it is privileged to be. When a so-called homœopath uses drugs as irregularly as the third-rate allopath, at the same time defending his position as "up-to-date," the most charitable conclusion forced upon us is that he has not completed his education in Homœopathy. Then, what is to be said of the practitioner sheltered by Homœopathy who declares that Christian Science contains more good than high potencies do. And again there is the group of prescribers who see in vaccine therapy the



latest application of the principles of Homœopathy. The fact that salvarsan has occasioned many tragedies, that antitoxins have swelled the ranks of paralytics, that prophylactic serums count their fatalities and chronic victims in increasing numbers does not impress. What a pity that "Safety First" should not be chosen as the slogan for medicine as well as for railroads!

We venture that the following will be admitted by any one:

We do not know that an exudation, or a secretion, or a single product in any diseased condition represents the disease *in toto*; any more than hydrogen represents water. It may not represent the disease at all. If it does represent some or any of the disease, we do not know just what part it does represent. It amounts to an extension of the problem suggested by Virchow:—that as to bacteria, they are not necessarily the cause of disease, and may in many cases, if not all, be merely consequences of disease.

Where, it may be asked, is the future understanding of Homœopathy to be lodged? Whence is it to be reinforced? One would naturally answer, "From the Homœopathic College." Will it be? We have in mind the policy and output of the college as a whole; not of individual chairs. Would that some of these chairs had fuller control. The college turns out a majority of its men having the smallest conception of the principles on which the practical workings of Homœopathy are grounded. The man from old school medicine is more likely to make the best practitioner of Homœopathy. He thinks things out. He knows that patients in the long run can tell a cure when they see it.

Despite rich endowment, imposing buildings, and material equipment, if the institution lacks the aim to inculcate essential principles into the character of men, its work fails. This is exactly the state of things to-day. Our teaching lacks emphasis against the allopathic method of applying homœopathic remedies. It lacks emphasis against quantitative drug toleration, which has no relation to cure if it does have to metabolism. And why should emphasis ever fail on the elementary considerations of—never repeating medication after reaction is established, of avoiding the compound prescription, and of re-

jecting adjuvants that are unsafe and useless otherwise, however much they are labeled harmless and beneficial?

If the Homœopathy of to-day were the real thing, it would provide the only therapy able to respond to the demonstrated facts of contemporary science. The proper attenuation of remedies and the consequent developmet of their potency, while constantly attested, reflects a correspondence in the activities of agents less well understood. Unconscious homage will continue to be offered in circles quite outside our own. But without the formulated and orderly conception of curative therapeutics it is hard to tell when any intelligent general progress will begin.

Homœopathy to-day is all about us. Its treasures await the key of recognition, the key of knowledge, that will unlock them for universal, practical use.

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## SPECIFIC TREATMENT FOR INCURABLE CONDITIONS.

By W. H. Freeman, M. D.

It should be worth while to show that, even in cases which are incurable, suffering can be relieved much more effectively with individual specifics than it can be with *Morphine* and similar stupefying agents.

Specific remedies relieve as effectively as *Morphine* and produce no bad after effects. They also tend to prolong life and to increase the chance of recovery. On the contrary, in serious conditions especially, drugs like *Morphine* often spoil any chances for recovery that may exist.

*Mr. H.*, aged 57, has had locomotor ataxia for fourteen years, during which time he has been under more or less constant treatment with steady progress of the disease and early constant pain of an agonizing character. Romberg's sign and Argyll-Robertson pupils are present; he can walk only when assisted; has enuresis, numbness of the legs, loss of tactile sense to a decided degree, lightning-like pains in legs and gastric crises. The more or less constant resort to *Morphine* relieves him partially, but the after effects are particularly disagreeable and he would like to stop using this drug, if some other way of controlling the pains could be discovered.

For the sake of brevity, characteristic symptoms, only, are enumerated, as follows:

Gastric pains of a dull, sickening character, which occur in paroxysms and come and go quickly. The pains are worse while eating and after eating; worse after stool, while thinking of his ailment and during the day; and better after belching, while riding in the auto and during the night.

All food turns to gas with more or less constant bloating and borborygmi. The pressure of the gas causes severe pains in the lungs, heart, bladder and rectum. With the pains there are belching, retching and vomiting.

Exacerbations of pain are always preceded by copious urination and accompanied by groaning and sometimes by shrieking.

He lives chiefly on raw eggs, which disagree least. Craves shell fish and salty things. Thirstlessness. Aversion for water and for fatty things.

Constipation obstinate—no stool without a cathartic. Enemas always precipitate or aggravate the pains and cause excruciating pain in rectum. Pains are worse after catharsis also.

Inability to sweat even in the hottest weather.

< generally in hot weather and in summer.

> generally in winter.

> generally from *long* automobile rides, which never tire him. After an all day ride he can eat heartily without subsequent pain or discomfort and feels like a new man.

The principal individualizing symptom is *relief while riding*. *Arsenic*, Bromine, Kali nitricum, NITRIC ACID, and Phosphorus, each have relief of symptoms from riding. Of these five drugs, Nitric acid is the one which covers all the other symptoms of the patient and it should control his pains even though a cure is impossible.

Within two weeks after beginning to take Nitric acid in the 200 potency (an occasional dose, as needed, for the control of pain), he was able to eat with but little discomfort, the pains had disappeared almost entirely, the bowels were moving painlessly and naturally, he had better control over the bladder, and he was able to do without Morphine and cathartics.

Since the first prescription, eight months ago, he has taken occasional doses of Nitric acid, off and on, as needed, and has

enjoyed a fairly comfortable existence. On several occasions when Nitric acid ceased to help him, Sulphur 200 was given for a few days, after which Nitric acid was again beneficial. On one occasion after Sulphur and Nitric acid had both failed and he had resorted to Morphine tablets for relief, Morphine 30 was given, after which Nitric acid was again effective.

The patient still has occasional attacks of quite severe pain, but at infrequent intervals, and, as he says, "it doesn't cause him to shriek as it once did." He expresses himself as well pleased and very grateful. Doesn't expect to be cured, only wants to be made comfortable while he continues to live.

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It is the rule for physicians to report recoveries only. It may be of interest, therefore, to report a fatal case in order to demonstrate the advantages of careful prescribing in conditions which are hopeless.

Mrs. X., aged 48, had been ailing for two years—ever since the death of her father, whom she had nursed during an illness lasting four years. Eight months ago she noticed that she became very tired with the slightest exertion. She has been seriously ill and growing steadily weaker for the last four months. Two other physicians have diagnosed the condition as pernicious anæmia and have pronounced the case hopeless.

Examination by the writer resulted as follows: Hæmoglobin, 60 per cent.; red cells, 1,046,000; white cells, 2,600; color index,  $60/25 = 2.4$  per cent.; poikilocytosis; no erythroblasts present in two smears examined; albumin, a faint trace, and a few granular casts, low specific gravity. Careful physical examination was otherwise negative except for emaciation and extreme pallor.

The absence of erythroblasts demonstrating an inability to compensate for erythrocyte destruction, in connection with the other findings, indicated an early and unavoidable dissolution and left no excuse for holding out false hopes to the anxious relatives.

The medicines previously taken had not only failed to comfort the patient, but had seemed to disagree, more or less—often being followed by vomiting or diarrhœa, and the patient had been unable to retain food and was generally miserable.



Under such circumstances, the question naturally arises—has Homœopathy anything to offer that will be an improvement on prevailing methods of treatment? The only logical answer is furnished by the clinical test.

The patient suffered, more or less, constantly with nausea, retching, vomiting, borborygmi, diarrhœa, thirst, weakness, restlessness, nervousness, irritability, sleeplessness, palpitation, chilliness, etc., which had not been relieved by the various remedies previously given.

*R. Nucis vomicæ, 200, B. & T., 5i. Ft. in chartæ No. xii. Sig., one every two hours until relieved and thereafter as needed.* Following this remedy, all the disagreeable symptoms disappeared within twenty-four hours and the patient was able to eat and retain food without discomfort and rested well for the first time in months. Such a decided improvement resulted within the next week that the family began to hope for a recovery. They were not encouraged in this belief, however. After the slight gain in strength resulting from ability to digest food, the patient continued to feel comfortable though gradually growing weaker.

After nearly four weeks of comfortable existence, while taking *Nux vomica*, as needed, the symptoms changed and she developed a thirst for cold drinks and a desire for ice cream with vomiting soon after indulging, as well as a return of nervousness and restlessness, which were relieved by a few doses of *Phosphorus 200*.

Several days later she became restless again and very nervous, with constant moving about in bed and inability to sleep, which was not relieved by *Phosphorus*.

*Arsenic 200* was now given every two hours, when needed, and gave relief for several days.

About this time the husband informed the writer that another physician had seen the patient at the solicitation of a friend and that he had promised to cure the case in two or three weeks. Six days later the husband asked the writer to again take charge of the patient, as he was very much dissatisfied with the other treatment.

The patient was now almost moribund, was restless, had difficulty in breathing and was being fanned constantly by members of the family.

*Carbo veg.* 200, in watery solution, every fifteen minutes, made her comfortable again.

Later in the day, though comatose, she became very restless, constantly changing about from one side of the bed to the other. The skin was waxy in color and the face and eyelids œdematous. Also, she persisted in throwing off the bed covers.

*Apis mel.* 200, in watery solution, was now given, a teaspoonful every two hours, until quiet and thereafter as needed. This was the last prescription. The patient was comfortable until she passed into her final sleep about thirty-six hours later.

It will be noticed that Morphine and other stupefying drugs were not used in the homœopathic treatment of this patient—the relief of disagreeable symptoms being secured promptly with very small doses of drugs capable of causing symptoms like those present in the case at the time of prescribing.

Correctly selected homœopathic remedies always cure when cure is possible and frequently so when cure is deemed impossible. Had these patients been correctly prescribed for in the earlier stages of their sickness they could have been cured, and had the preceding ailments always been so treated, pernicious anæmia or locomotor ataxia would not have developed.

Homœopathy is superlative in that it cures, in curable conditions, whether we believe in it or not and in the last stages of incurable disease, it brings mental and physical peace and comfort while awaiting the inevitable.

263 Arlington Ave., Brooklyn, N. Y.

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## THE INDICATED REMEDY IN SKIN DISEASES.

By Ralph Bernstein, M. D., Philadelphia, Pa.

There can be no question, in this modern age of ours, of the ability of the properly selected homœopathic remedies to bring about the desired results in the treatment of cutaneous affections. The differentiation of the remedies upon the finer and minuter symptoms is often difficult, but if once found there is absolutely and unalterably no reason why the dermatose in question should not be relieved and ultimately cured.

The savants of all Europe, and the world, in fact, are crying

aloud to-day and scrambling eagerly and anxiously to acclaim that the homœopathic law is a true law of scientific achievement. The testimony of the laboratory and research workers, not only of our own school, but of the dominant school as well, are likewise showing definitely and proving conclusively beyond the shadow of a doubt that Samuel Hahnemann, over one hundred years ago, was right.

It certainly has been proven scientifically by hosts of laboratory workers that a physiological dosage of any drug if given persistently will reduce the opsonic index; it will decrease the antibodies, if you please; it will destroy the very antagonistic serums which nature is striving on her own part so heroically to manufacture in order to combat disease. And it has just as scientifically been proven that the sub-physiological or homœopathic dosage increases the opsonic index, increases the antibodies, increases and assists in the making of antagonistic serums, so that the body is more enabled to combat disease.

With all of this, in the treatment of dermatologic manifestations by its infinitesimal and far-reaching effects, it increases the vitality of the body covering, makes the soil unfertile for the bacteria to live and thrive, so that they soon cease to exist and are compelled to seek other hunting grounds, soon to be ruthlessly forgotten in the deep oblivion.

The sooner one gets over the erroneous idea that the indicated remedy is of no service in parasitic skin affections the better it will be for him, especially from the dermatologic standpoint. It will be interesting to note that the authorities of the dominant school are now, from time to time, asserting in their literature that there are decided changes in the economy as well as locally resulting from trichophyton fungus infection, so that one can readily see how it is that the indicated internal remedy can have an influence upon purely parasitic skin conditions. This not only holds true in trichophyton fungus infections, but as well in all types of micro-organic skin diseases.

The dermatologic remedies should be given in the higher potencies, especially when one is desirous of getting their finer and far-reaching effects. True it is that some remedies act better in their lower dilutions, experience alone determining which potency it is that does the better work.

It has been my practice to give the indicated remedy in the more chronic dermatoses but once during the twenty-four hours, and that at bedtime, because it has always appealed to me that night is the best time to administer the indicated remedy for the fact that then the body is in an absolute state of quietude; and if the remedy be administered just before retiring, there is, by the time the patient is calm in the arms of Morpheus, a greater absorption going on because the body is in a more or less fasting state and elimination at the same time more or less delayed; in other words, it is then that the patient's entire economy is being affected by the remedy, and there are no other activities going on to detract from its infinitesimal and far-reaching influence. It is because of the indicated remedy's selective influence that it should be given every opportunity to have full sway and not be detracted from its errand of amelioration and mercy.

Now there is much that we can do to assist the action of our remedies. There is one thing which I have always done, and that is, insisted upon patients with dermatologic affections drinking copiously of distilled (or boiled) water. Distilled water, because it is soft and pure water (having been robbed of its mineral properties in the process of distillation) acts as a solvent of bodily ptomaines and toxins, stimulates the kidneys to healthy activity, and helps the body as well, through its urinary and gastro-intestinal tracts, to get rid of its many poisonous toxins.

Seek then, find the similia, watch patiently for results, and become a stronger and more devoted follower of the teachings of Hahnemann.

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### **NEW HAMPSHIRE HOMŒOPATHIC MEDICAL SOCIETY.**

The sixty-first annual meeting of the New Hampshire Homœopathic Medical Society was held at the Laconia Tavern, Laconia, N. H., on Wednesday afternoon, June 17th, 1914.

At the regular business session, four new members were elected; delegates were received from the Massachusetts Homœopathic Medical Society, and the following were elected delegates to the American Institute of Homœopathy:



Dr. E. D. Stevens, of Francistown, and Dr. B. C. Woodbury, of Portsmouth.

The following list of officers were chosen for the ensuing year:

Dr. F. S. Eveleth, Concord, President; Dr. E. W. Coates, Farmington, Vice-President; Dr. B. C. Woodbury, of Portsmouth, Secretary; Dr. H. Christophe, Manchester, Treasurer. The Censors, Legislative Committee and Examining Board remain unchanged.

The meeting was then addressed by Dr. Frank C. Richardson, of Boston, on "Some Modern Psycho-Therapeutic Views."

This paper proved most interesting and instructive. Dr. Richardson discussed Freud's theory of repression, psychoanalysis, dream analysis and other interesting phases of psychotherapy. There was no doubt in the mind of this speaker of the value of psychoanalysis as a useful method for the examination of mental cases, but he was careful to advise caution in regard to the selection of cases to which it is applied. He was, moreover, firm in his prediction that psychoanalysis would survive as one method, but not as the only method of mental therapy.

Dr. Arthur H. Ring, of Arlington, Mass., then read a paper on "Psychoanalysis," which dealt with the practical application of this much talked of method of Freud. The various aspects of this subject were well presented and illustrated by a series of interesting cases.

Dr. Ring emphasized the importance of the careful mental, moral, physical and education of the patient, recommending, furthermore, that caution be used and care be taken to avoid haste in applying this method to all cases. The causation, development and subsequent results of various forms of mental trauma were discussed, and their far-reaching consequences.

Both papers were well enjoyed, and thorough discussion of them was prevented only by the lateness of the hour. Those who were so fortunate as to listen to the subject-matter of these papers cannot have failed to gain a comprehensive idea of the subject of present day psychotherapy.

The meeting adjourned at 5:30 P. M., after which a banquet was served at which the majority of attending physicians were present.

On the whole, this meeting was the largest, and one of the most successful ones in the history of the Society.

B. C. WOODBURY, JR., M. D.,  
*Secretary.*

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### **CANNOT STAND THE SUN.**

August 7, 1914.

Editor of the HOMŒOPATHIC RECORDER.

As soon as the baby was brought outside, in the sunlight, he exposed parts of his body were covered with blisters, as if burnt, they exuding clear mucus, the skin itching, and burning; the back of the hands are worse, exhibiting scars as if burnt; the face peels in large white scales. Does not dare to go out in the sun. The boy is eleven now, rather small, old and dirty looking. I gave him *Sulphur*, *Natr. mur.* and several other remedies, as conditions indicated, without permanent improvement. Mother and father as healthy as ignorance permits. Don't know where to look for the cause. Can you give me a lift: if not, would you mind inserting the above in RECORDER? I don't give up cases unless patients do not behave, or are dead, but none have died yet.

I have no diploma nor did I study in a medical college; still I am not afraid to tackle anything if I can find the cause. I generally find it. The exception is this case.

A. C. CLAVEL.

Wauchula, Florida.

(Mr. Clavel is a leading merchant in a little Florida town, where there is no homœopathic physician, nor none nearby. It is a rather curious case he relates.—Editor of the HOMŒOPATHIC RECORDER.)

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### **THE TREATMENT OF FELONS.**

Editor of the HOMŒOPATHIC RECORDER.

Concerning the treatment of felons. Suppose we try the homœopathic treatment.

The following cases will suffice to illustrate: A gentleman brought his little daughter to me for treatment of felon. He had no idea that it could be radically cured, only asked for something to make her sleep, as the great pain had kept her

awake for two or three nights. The following symptoms were given by the patient:

Severe pain, with throbbing, burning, stinging sensation. "Yes, Mr. ———, I think I can give your daughter something to make her sleep." A dose of *Apis* on the tongue did the work, though she was given some extra powders. The pain left her finger before half way home, a distance of about three squares—and she slept for twelve hours, and the felon was cured.

Mr. P———, a laboring man, applied for relief. He, too, had lost several nights' sleep. The pain was described as stinging, throbbing and burning. *Apis*, in this case, acted as well and promptly as in the case of the little girl. The pain left before he was half way home. He lived about a mile from my office.

This brought another case, a neighbor of the last named. The symptoms were similar to the others. This one received the same treatment with same result. These cases selected to illustrate the efficacy of the remedy *homœopathic* to the case should make doctors think before resorting to mere palliatives.

F. S. SMITH, M. D.

Lock Haven, Pa., Aug. 10, 1914.

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### "STANDING BY THE COLORS."

Editor of the HOMŒOPATHIC RECORDER.

Obedience and honesty are two of the greatest virtues. Disobedience and dishonesty are two of the greatest vices. Loyalty and bravery are the cardinal elements in every true soldier. Disloyalty and cowardice are the most despicable elements in manhood. TRUTH is the most brilliant jewel that can adorn humanity.

In a profession, such as the profession of healing which is the noblest gift of God, *honesty in practice, loyalty to principle, and bravery in defence of truth and true manliness* should characterize the life and work of every physician. Anything less than this should, to say the least, be deplored. Nothing depreciates the value and inhibits the influence of any vocation so much as dishonesty, disloyalty, and falsehood.

A man without a principle is as soup without salt—insipid.

A man, cowardly in defence of principle, is as useless as a stool without legs.

This is but preliminary to a short story we desire to relate.

STORY.

At a recent State Convention of the Homœopathic State Society a gentleman read a paper in which he stated, in substance, that homœopathic physicians do not use vaccines and serums in their practice. The following day another gentleman, also a member of the society, prefaced the reading of a paper by saying: "Any physician who does not use anti-toxine in the treatment of diphtheria should be prosecuted for mal-practice." Later in the day another paper—very excellent—was read, in which certain statistics were mentioned. The statistics on diphtheria stated that the mortality in the old school practice, before the introduction of anti-toxine was 33 per cent., and since the introduction of anti-toxine this mortality was reduced to about 12 per cent., while the homœopathic mortality, that is, the treatment of diphtheria with the indicated homœopathic remedy, was  $4\frac{1}{2}$  per cent. These three things occasion considerable thought.

Let us analyze these things for a moment.

First. The gentleman favoring adherence to the true and tried remedy said nothing disparagingly about serum-therapy. His remark in substance was—"Homœopathic physicians do not use the serums in their practice." He said, remember, HOMŒOPATHIC PHYSICIANS.

Secondly. The second party, applauded by certain members present, advocated prosecution of all who refuse to employ anti-toxin in the treatment of diphtheria.

Third. Statistics given by the third party showed that, including error in selecting the indicated remedy, want of hygiene, sanitation and unfavorable dyscrasias common to every practitioner, the homœopath, with his indicated remedy, was 300 per cent. a better healer than his confreres of all schools who resort to anti-toxine. For this—the saving of three lives to one—he is to be both persecuted and prosecuted. In military parlance this would mean arrest and kill the color-bearer and those who stand by him and applaud the deserted and traitor. In the professional world it means very much the same thing.



For the benefit of those who use anti-toxine permit me to quote the following from old school practitioners: Professor Adami, of Montreal, says—"Resistance or so-called immunity to bacteria is not due to anti-toxines, but a definite non-specific immunity on the part of the cells of the body." Dr. Cutter, of Toronto, says:\* "*Diphtheria toxine is among the most poisonous substances known and is directly responsible for the said grave danger and increased mortality.*" This is sufficient for the present; for all those who have used vaccines, toxines, and serums have seen, here and there, if at all observant, the deleterious effects of this method of practice.

But to the question—STANDING BY THE COLORS.

Shall the law and its practice which has done so much, and is still as fertile in good results as it was from the beginning, be maintained, be taught, be nurtured and enforced among those who have enlisted under its colors, or shall we follow the everchanging tinsel gods of a corrupt and fallible Mogul? Shall we be guided by the well-proven until we have something which is better proven, or shall we be guided by prejudice, ignorance and unsatisfactory experiences? Is that man narrow, uneducated, and unprogressive who holds to and abides by that which has proven itself safe and reliable when dealing with the life of man? Is that man broad who, without law and well tried principles of practice, goes whoring after other therapeutic gods, which to-day are popular and to-morrow are cast into the junk heap? Suppose the public knew these things—the public which employs the physician—what would it decide? Would it cast its lot with the color-bearer or with the deserter and traitor? Will the man of honor stand by and follow the colors or will he refuse? Should a suffering public be the judge? What would be its decision? Should the public know these things? And yet there is no reason why the public should be kept in ignorance

G. E. DIENST.

Aurora, Ill., June 16, '14.

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\*Italics ours.

## REPORTED "DEATH FROM SUFFOCATION!" MURDER OR SUICIDE?

Editor of the HOMŒOPATHIC RECORDER.

In the May number of the "Universal Medical Record," issued in London, I read the important news item that:—

*"Homœopathic Medicine is being quietly SUFFOCATED OUT OF EXISTENCE."*

If this "case" belonged to the realm of Legal Jurisprudence it would be "Contempt of Court" to discuss it until the "verdict" was rendered, but as it is not of that Court it may be well to dwell upon the subject at once, if not before, so to speak, hence I send you the item, hoping that you will see fit to give it space in your journal.

The quotation in the U. M. Record is from "The Ophthalmoscope" for March, 1914, and it is of sufficiently grave import to warrant some attention being paid it, although we are sure that the statement is far from being correct.

There are two aspects of the case that it is well to consider: Firstly, is this death from suffocation "murder" that the allopaths have in their hearts, or, secondly, do they speak from what they think are some *true indications of demise* in the "case of Homœopathy now before the Court?"

We have sufficient "evidence" that the allopaths do actually desire the death of Homœopathy, but this is beyond all comprehension, when we consider that they are concerned with the welfare of Humanity: this desire must be actuated by one of several thoughts, all equally unworthy of decent men: they either feel that Homœopathy is a thorn in their side, as our successes belittle their attitude and practices, or else it springs from rank and crass IGNORANCE of Homœopathy!

These and some other phases we may consider as "motives" for the MURDER of Homœopathy!

But the quoted utterance may arise from their observation of several circumstances well known in our school, and which point to either traitorous conduct or want of circumspection of some of our own colleagues, who have not the proper grasp of the situation or their work, it being hedged in by a too personal or too local consideration of Homœopathy.

Please believe that I am not speaking of any nation in particular, but my international work has brought it home to me very forcibly that many men do not take a sufficiently broad view of the Homœopathy, which may be doing very well with and for them at the present juncture. "Homœopathy" is for the generations to come, and is not to be considered as a "money maker" (base thought) pure and simple! This embraces the "second" idea that hangs over the ultimate verdict, which the world will accord!

As two cogent instances of this "suicidal" phase of the question I will give you some facts that have come under my personal observation within this year—never mind the "country"—the instances will point the moral and adorn the tale, and if sufficient care is taken of this at once and corrected practically, it may altar the final "verdict."

Not very long ago I had placed in my hands a "circular letter" addressed to every member, I understand, who is connected with local hospitals or branch societies in a certain country. It was to the effect that:—"A lecturer would be furnished any local branch society by a (certain) central association, who would take care that nothing was said at any time TO RUFFLE THE SENSIBILITIES OF ANY ALLOPATH!"

Your readers can imagine the "wishey-washy-flabby" sort of presentment of Homœopathy meant by such a lecture, and you well enough know that such would neither have satisfied any staunch Homœopath nor have been very convincing to any enquirer who might have been enticed into such a lecture room! To lecture on Homœopathy by making "EXCUSES" for our very existence and pleading that we are very nearly in the van of (allopathic) science is death to Homœopathy, and hence comes in the idea of "suicide," which, at present, may be the ultimate verdict

This "circular letter" above indicated has been seen and considered in and by the Executive of the International Homœopathic Council, so it is no fancy, but a stern fact.

The other instances of "suicidal policy" is to be found in the following, also witnessed by two of the Executive of the I. H. C.:—The occasion was one of remarkable interest, and with

different handling might really have scored a great success for Homœopathy, but what did happen actually put the clock back for a generation, at least.

Through the agency of an "old student" of a certain allopathic medical college two of our Homœopaths were invited to address a student body of the Alma Mater.

After an APOLOGETIC address which was apparently intended to show that Homœopathy was, after all, not so very far "behind" allopathy, and that therefore those students would not be very much out of bounds if they were to read about Homœopathy, the lecturer was asked by the president of the student body, "What he or the Homœopaths would do for a case of pneumonia, which was cyanotic," etc., he, the president, outlining what they would do, namely, to take a "quart of blood away at once, and give the patient from one-fourth to one-half a grain of Morphine."

Our man got up and said that "he, personally, would give *Phos.* 3x, but that many Homœopaths did not give *Phos.* in that strength, but would give 6x, 30th, or 100 or 200 or even higher potency, etc., etc."

Now there were two mistakes in that reply, both of equal importance and gravity on that occasion.

First was, and it was unpardonable, under the circumstances, that *Phos.* was not the right remedy for any cyanotic condition (pure); the drug first to be considered was *Antimonium tart.*, with perhaps *Carbo veg.* as a second thought. But we let that pass, as the allopathic students did not know that it was wrong and why it was wrong!

So the other phase of the answer was of greater moment for the sake of our cause. The lecturer should have said that "the drug finally selected (whatever it was or might be) had been found to act in any potency almost, it being the proper selection **that** mattered and not so much the strength of the potency." This "wabbling" as to the potency drew forth about six replies of most polite but cutting sarcasm; in fact, I must own that those students were all most courteous listeners, but they went away full of the idea that "homœopathy" was anything but an exact science, if that was a specimen, and they voted, there and then, "that though they were ready, at any time, to 'scrap' all



their own drugs, they did and could not see any reason for paying attention to a treatment which was so replete with uncertainties, as described."

That was the "vote of the meeting," which might have had such a different ending had the exposition of Homœopathy been in the hands of a strong man, and one that was ready to fight for what he knew was right. Instead of which, the apologetic trend of the address was not what those students wanted. I fully believe that they would have been delighted at receiving a clue to something that they could have placed reliance in. Woe! Woe! thrice "WOE" for the occasion and chance was unique!

Why are the allopaths trying to "suffocate Homœopathy out of existence?" Is it because they are so cock sure that they have quite sufficient science to save the world?

Let us scan two very up-to-date utterances to the contrary! Quoting Sir William Osler, Regius Professor of Medicine at Oxford University, page 10, of the *British Medical Journal* for January 3, 1914 (which is quite hot off the press), we read that "Unrest and change are the order of the day (in allopathic circles)," and further on we read that:—"The existing conditions in our (allopathic) hospitals are inadequate to meet the needs of the students and staff, that is defective and the rejections at the examinations are shockingly high—and that an entire change is needed in the organizations of the clinical departments of our (allopathic) medical schools." . . . So much for Sir William!

In the same number of the same *Journal* (page 17 et seq.) we find utterance much more to the point than the above, and this time by Dr. J. Mackenzie, the great heart specialist and consultant (and which has been mentioned, in brief, by the April *Hahnemannian Monthly*, pp. 312-3).

Here we find allopathy contemplating the frailty of their therapeutic structure, which is sad, indeed.

Mackenzie implores his followers to make more use of "subjective symptoms," which were taken note of by no less a man than our Hahnemann some 117 years ago. One would think that Mackenzie was speaking to a lot of Homœopathic freshmen, and guiding them in the right path.

Mackenzie gives his colleagues some 13 columns of good, straight talk, which we are sure they need, and there is so much which might be quoted, and which you ought all to read, but which space forbids here, that it is beyond comprehension why they are "suffocating" the branch of medicine which alone puts forward all these "subjective symptoms" which he is pleading for, and which school of medicine has alone the key to what he is praying may be the earnest study of all allopaths.

Quoting, so that you may read before being "suffocated" you find, that:—"They have a total absence of science as is shown by the great variety of methods of treating any one disease, and the extraordinary recommendations that are published by different teachers. . . . In science there can be no schism . . . schism belongs to personal beliefs and faith. . . . The same curious unreasoning belief in the efficacy of remedies is as rampant to-day as ever, and this is the outcome of clinical teaching (without any guiding law, I suppose he means) for the faith in ineffective remedies, though given by such scientific methods as the hypodermic syringe, is as simple and trusting to-day as the belief in charms and incantations of a bygone age. . . . Let anyone seriously investigate the manner in which therapeutics are taught, even in those model scientific wards, where the chief physician is assisted by some 10 or 12 skilled assistants. The observing student will find drugs are administered, and not the slightest attempt made to see if they have the action that the physician supposes them to have. If he cares to investigate more closely and tries to find out the grounds on which the physician prescribes the drug, it will be found that it is prescribed because some one has observed that it has a certain effect. If he inquires further he will find out that in the majority of cases the evidence for its action is based on such flimsy grounds that there is NO justification for its use. . . . I CAN SAY WITHOUT FEAR OF CONTRADICTION THAT NOT ONE SINGLE DRUG HAS BEEN CAREFULLY STUDIED SO AS TO UNDERSTAND ITS FULL EFFECT ON THE HUMAN SYSTEM. . . . The reason for this is that the profession has never understood the meaning of their drugs . . . when the teacher (allopathic), after all his elaborate examinations comes

to treat his patient, the student sees some drug given to the patient, because of some supposed effect, and then little attention is paid to what the result may be. He is never taught how to investigate the action of the simplest remedies (which you ought to tell to every allopathic student in the country), but you must tell the public who must not know what a bungling affair allopathy really is, nor what is their risk when they are treated by that method. . . . The teaching is SLIPSHOD in the extreme. . . . Drugs are given because of *faith* not *reason*, and, as the student was never shown how to watch the effects of remedies, he readily becomes a prey of the advertising chemist or other purveyers of specific treatments who describe their wares with a gloss of scientific jargon. So that the deplorable state that (allopathic) treatment is in to-day is due to the slovenly methods employed by those who have failed to grasp the true nature of the science of clinical medicine. . . . I recognize that enormous strides have been made in bacteriology and physiology, yet the really scientific teaching of clinical medicine has made little or no advance—in some respects it has retrograded, in the sense that the general practitioner is less fitted by his training for the duties of his profession than he was then."

Is this not a condemnation of allopathy, and yet they have the consummate impudence to try to "suffocate Homœopathy," which they say they are "quietly accomplishing."

The salvation of the hour and our work can only come about by such agencies as the Council of Medical Education of the American Institute of Homœopathy, and surely we have a right to tell the whole matter to the laity, who are the ones who are most vitally concerned.

The sole requirement of the laity is that they shall be cured!

It is our right to carry this matter to every student at every allopathic college, in suitable brochures full of instructive annotations, and the best way to open their eyes, as well as the eyes of the laity, is to serve up the utterances of the allopaths themselves. "Out of their own mouths shall they be condemned" and it can be served up in a manner to be funny enough to make anyone laugh, or swear, at the actions of allopathy.

The International Homœopathic Council is doing what it can, but this must be everyone's work. I beg of you to give this full publicity and have every society to get the message to the laity, ere "suffocation" is complete.

After such a pronouncement as I have quoted as a heading, there can be no such thing as believing the coy and yet treacherous advances as are being made by allopathic societies on every hand, and, as we once saw in a "Foreword" of a homœopathic publication that was killed by our own men, there is only one solution of the "Lion and the Lamb lying down together"—the lamb will be INSIDE the Lion, first of all, torn asunder, mangled, adopted, and digested at will, after which the lamb becomes a strength and support of the lion, appropriated to its own uses, and as its own property!

What would Hahnemann say about it all? and what is our bounden *DUTY*?

Yours sincerely for strong Homœopathy carried right to the  
ULTIMATE COURT OF APPEAL—THE PEOPLE!

E. PETRIE HOYLE.

*Hon. Sec'y International Homœo. Council.*

London, 84 Holland Park W., May 17, 1914.

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## WHAT IS A CURE?

This question heads an editorial in the *Lancet*. The average man says when he is cured it is "a cure," or he "gets well," or "feels all right again," but this is an error on his part. The wily dictionary man gives seven definitions of the noun "cure," eight of the verb transitive and three of verb intransitive, so you are dictionarily right in almost any sense you use it, even if not according to the *Lancet*, which says: "It is a word which is, or should be, but rarely used by the scientific physician or surgeon, but it is the greatest favorite with the empiric and the charlatan." There is an opening for a gibe here, but let it pass.

The editorial also remarks: "Few words in medicine are so loosely used, indeed so often misused, as the word 'cure.' Even by those who should know better it is employed to indicate both the favorable termination of a disease process and the means used to secure that end. It is, therefore, not surprising that the



lay public so generally fail to appreciate the difference between cure of a disease, arrest of its progress, and amelioration of its effects." The public cannot be blamed in this matter seeing that those who should know do not know the difference between a cure and a recovery. Indeed, it seems that these gentlemen also do not know what disease is, as witness this:

"Disease is too often considered as a static condition, an incubus which can be shaken off, whereas it should be regarded as a dynamic process, a progressive and active interference with function, whether produced by chemical, mechanical, or bacterial agencies, and whether inherited, autogenous, or exogenous in origin."

And again:

"It is clear that to effect a veritable cure of a patient suffering from a disease we must first elucidate the cause, and then apply our methods of treatment to its removal, to the neutralization of its effects, and the protection of the organism against its activities in the future. These things having been done, then, and only then, we can rationally refer to the cure of the patient."

Finally, the period that closes the *Lancet's* editorial: "It is a duty which the medical profession owes to the public to explain the distinction between recovery and cure."

By the way, doctor, can *you* explain it—or be sure of it? Sometimes it almost seems that ultra modern scientific medicine is evolving or devolving, ascending or descending again into the mysteries of Egypt, which the ribald to-day say were not at all mysterious, but merely a lot of mummery garbed in darkness and, consequently, incomprehensible by the herd of men, as they were to the esoteric; indeed, because no one can comprehend darkness. To-day we have a mountain of conflicting theories, mongrel Greek words and secret remedies, incomprehensible to any one, yet it takes the place of the old Egyptian mummery and assumes its authority. Man hasn't changed much.

### **SOME POINTS IN HELIOTHERAPY.**

From a letter by Dr. H. J. Garwain to the *Lancet* the following interesting points are taken, the subject being "Heliotherapy in Surgical Tuberculosis," the writer being connected with the Alton Cripples Hospital:

Heliotherapy is undoubtedly of great value in treatment, but its application must be gradually undertaken and requires considerable care. No material benefit appears to be received until pigmentation has been established, and it is interesting to note that in certain patients pigmentation cannot be obtained. Some cases of a pronounced cachectic type resist exposure and will not pigment. In these there is usually abundant evidence of marked tuberculous toxæmia." Also,

"Red-haired patients frequently present great difficulties in treatment. In these the skin reddens and blisters unless great care be taken, and freckles are abundantly deposited, but the desired bronzing is exceedingly difficult to obtain. In the majority of cases, however, pigmentation is produced with comparative ease, and coincident with its establishment there is marked improvement. In no cases of tuberculous arthritis is the improvement more striking than where sepsis complicates the condition, and sinuses, which appear to resist all other methods of treatment, sometimes dry up with remarkable rapidity, leaving supple, non-keloidal, and less unsightly scars. The value of pure, dry air in assisting to obtain these results has, in my opinion, hardly been sufficiently recognized. The functional results which follow insolation of tuberculous joints are often extremely satisfactory, and cases of tuberculous peritonitis and adenitis ofte derive very considerable benefit."

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### **ALTRUISM OF A TRUST.**

The Board of Trustees of the Medical Trust solemnly assures the public that "no other organization is doing so much altruistic work as is the American Medical Association at the present time, for 75 per cent. of the expenditure to which we have been referring is absolutely for altruistic purposes." The board referred to the following expenditures for the year 1913:

Association expenses, office, salaries, etc., \$18,084.00; Council on Health and Public Instruction, \$18,465.00; Council on Pharmacy and Chemistry and the Chemical Laboratory, \$13,321.00; Council on Medical Education, \$8,617.00; Propaganda, \$10,509.00; Therapeutic Research, \$1,278.00; Organization, \$9,202.00. Total, \$79,476.00. How much "altruism" is there in those figures? They indicate organization. Organization for the control of the business of medicine. Organization for the control of the people. Organization to dominate the press. Organization for the control of medical education. The altruism may be seen in the expenditure, entitled "Therapeutic Research." Just .017 per cent. was expended in therapeutic research, that is, in searching for healing or curative agencies. Was no more spent because the managers of the Association were afraid that if the organization's funds be expended in looking for cures it would be an acknowledgment that they have been groping in the dark and the people must not be permitted to discover that medicine is not a science but near art? No, the real reason is that the American Medical Association is interested in trying to control the people. It wants to censor the newspapers and it covets legal power to force its own system of treatment upon the people. Its altruism is hypocrisy. Its motive monopoly. Its goal the slavish adherence of the people to allopathic medicine from which they would not be able to revolt, for all other systems of healing would be stamped out of existence and there would be nothing to which they could turn—if the medical trust gets it way.—*Medical Freedom.*

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### WHY SIDE TRACK OUR PUBLISHERS?

Dr. J. C. Wood, of Cleveland, in speaking of the desirability of explaining Homœopathy to the allopathic school, which he termed an "imperative necessity," advocated the issuing of a work for the purpose by an internal medicist and practical clinician. But he adds:

"Such a work, if published by some well known publishing house of the older school, would be the means of exciting the curiosity of the more liberal minded of that school, thereby bringing about a much better understanding between the two

chief schools of medicine. It would likewise result in untold good to humanity."

Ever since 1835 there have been works published on Homœopathy by homœopathic publishers and written by homœopathic authors, by internal medics, practical clinicians and the best men in our school of medicine. Dr. Wood himself has written the best work on gynæcology the school possesses, and it was published by a homœopathic publisher, and there have been able books published on homœopathic principles, but the doctor perhaps rightly infers that because these are published by homœopathic publishers they have not excited any special curiosity.

To us this seems puerile to think or to advocate that in order to get our principles accepted we must have them issued by old school publishers, or printed in allopathic periodicals. We have been exercising our rights as a school for over a hundred years. We have a very creditable literature and "the more liberal minded" of the old school know it. They are buying our books to-day, and the mark of their liberal mindedness is shown by the fact that not only are they buying books issued by homœopathic publishing house, but they are buying goods of homœopathic pharmacies, for we recently saw over 100 orders taken by a travelling salesman of a homœopathic pharmacy from allopathic physicians. All this is done in secret. No allopathic physician possesses the knowledge to practice Homœopathy, nor can he obtain it by reading a single book, nor by buying a few ounces of *Bryonia* and *Lycopodium* and "trying them" on some patients. Dr. McConkey in the prize essays said that to be a Homœopath one must be taught to think homœopathically. That some allopathic physicians have done this is well known, but none who did so ever remained allopathic.

Why should we go to old school publishers to have our books issued? It is just as sensible to send our students to allopathic schools, to urge our men to join allopathic societies, to have our patients go to allopathic hospitals, or to go over body, soul and breeches to the allopathic camp and say to them: Here is what we have, it is not homœopathic any more, and it is, therefore, within your dignity as a "liberal" to accept it. Please take it. The sooner we arise to the fact that we can stand on our own bottom the better.—*From the Medical Century.*



## VANILLA AS A SKIN IRRITANT.

That *Primula obconica* and *Rhus toxicodendron* cause a very annoying form of dermatitis is well known, but less generally known is the fact that vanilla essence may, in certain individuals, cause equally troublesome symptoms.

A perfectly healthy patient of mine, of an inquiring turn of mind, liking the smell of vanilla, added about one-half ounce of the essence to about five ounces of a hair lotion consisting of quinine, spirits of lavender, and rectified spirit (which he was in the habit of using). About twenty-four hours after its application intense itching of the scalp occurred, which gradually extended over the forehead, behind the ears, and down the neck. It did not at first strike him that vanilla was to blame, and for a day he kept rubbing it in in the hope of "cooling" the part, as he expressed it. The result was that his eyes were opened metaphorically to the cause although practically they were almost closed by the swelling which followed. Not content with this experience he performed a control experiment on the front of the forearm, because, as he said, it was difficult to believe that vanilla, which he had frequently swallowed in the form of a flavoring agent with nothing but agreeable results, could irritate the skin to such an extent without causing disastrous results to the more delicate mucous membranes. Twenty-four hours afterwards the same intolerable itching occurred on the forearm with an eruption which, from his description, seems to have been of a close papular nature with no reddening of the skin. This soon faded, only to return every five or six hours, as did the eruption on the scalp and face. This state of affairs continued for ten days in spite of constant washing with soft water and soap and other domestic remedies. He said he was compelled to seek advice, as the itching remained intolerable at night and prevented sleep.

When I saw him there were many excoriations on the scalp and face, and more on the arms, due to the scratching, and a papular eruption over the affected parts. There was still some œdema, but it evidently was much less than it had been, and he seemed to be getting well.

The condition was probably due to some alkaloid in the va-

nilla, and knowing that mercury iodide precipitates most of the alkaloids, I prescribed a lotion of rectified spirit and mercury iodide, 1 in 2,000. This seemed to give relief, and the itching disappeared in two or three days.

The interesting points are: (1) The long time—fourteen days—the symptoms lasted, in spite of the washing; (2) the intervals of freedom from irritation—about six hours—when it is remembered that the poison was purely irritant and not due to micro-organisms; (3) the fact, as the patient points out, that the vanilla could be taken by the mouth without producing any irritation when the skin was so susceptible. I am presuming that the irritation was not due to the action of micro-organisms owing to the fact that the vanilla had been suspended in strong spirit for over a year; and there is no evidence that the irritation was merely of a mechanical nature.—*Wm. Leggett, B. A., M. D., British Medical Journal.*

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“Writing generally on leprosy, Coltman does not believe that it is as contagious or infectious as a great many alarmists, in and outside the medical profession in the United States, would have us believe; for if so, he says, the people of China would have disappeared from the face of the earth, from leprosy, long ago. His reason for this statement lies in the fact, that although there is leprosy existing in every province of the empire and every city of size, yet, in spite of the fact that the leper is under no quarantine regulation of any kind, leprosy has not spread to any appreciable degree in the last century. Coltman asks: If leprosy were actively contagious, would not the leper, handling money, farm-implements, and even food-products, be a centre for the distribution of the disease? In other countries, where cleanliness is more universal, a leper would not have the same opportunity of infecting others; but in China, where the money is so filthy and so much handled, to say nothing of any other means of communication of the disease, if it were of the highly infectious type, the disease would soon be general.”—*Urologic and Cutaneous Review.*

## THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

## OUR CONTRIBUTORS.

Dr. S. W. Lehman, of Dixon, Ill., finishes his account of the case of nephritis in this number. Dr. Fritz Askenstedt contributes some valuable therapeutic hints which will run through several numbers.

Dr. J. A. Toren, whose contributions appear regularly in this department, has, for the second time, been appointed pathologist to the *Chicago Daily News Sanitarium*, and also associate pathologist to Columbus Hospital.

## THERAPEUTIC NOTES.

Dr. S. W. Lehman continues his remarks upon the homœopathic treatment of nephritis, as follows:

## NATRUM MURIATICUM.

About the middle of October, under the influence of fall weather, new symptoms appeared, while also some of the older ones were aggravated. The swelling became very great all over the body, and the urine was very scanty, and albumin began to increase; the symptoms being produced by fall weather led me to consult the above remedy along with *Carbo veg.* I was a little in doubt as to which to use, but decided in favor of *Natrum muriaticum*, because it had many symptoms of chronic malarial type, including anæmia, general weakness, even to some aggravation every other day. There was no history of his ever having had malaria, but undoubtedly his system had been affected by the marsh miasms of earlier days to which he had been subjected. This again gave a very complete picture, and *Natrum muriaticum* was selected and given in the c.m. potency, which seemed to ameliorate the condition very much. It was repeated from time to time as thought necessary. I will now give a list of intercurrent remedies that are always im-

portant in a case of this kind. *Lac deffloratum* was given in daily doses. *Acetic acid* was the next remedy used, and, finally, *Conium* seemed to complete the work begun by *Natrum muriaticum*, taking, in all, 3 or 4 months.

#### LACHESIS.

The end of the *Natrum muriaticum* treatment was a daily watery diarrhoea, and an intense weeping of both legs. He seemed to eliminate quarts of water every day through this process with great relief of all the symptoms. It was now spring, and the general symptoms all indicated *Lachesis*, especially the red, bloated face, with an expressionless, besotted look, with saliva running down from the corners of the lips. This remedy was continued, more or less, from March until June, with various intercurrent remedies including *Mercuric chlorid cor.* 3x, which may be studied for its tonic effect in this case. By June, a year from the date of beginning treatment, all albumin had disappeared from the urine, and a normal quantity of about 800 to 1,000 c.c. was passed daily. The limbs finally healed perfectly, and the patient was quite comfortable until May, 1913, when, during my absence, he was taken with acute suppression of urine and died a few days after my return. I do not know how much more improvement might have occurred, but the patient refused treatment after June, 1910.

This is enough to show the value of healing the sick as well as curing the symptom.

**Diagnosis of Bone and Joint Disease.**—Concerning the diagnosis of bone and joint disease Dr. Emil H. Grubbe, of Chicago, says:

No one realizes more than does the surgeon that correct diagnosis is half the victory in the battle with pathologic conditions. We possess in the X-ray a method of the greatest value in assisting us accurately to determine the various pathologic conditions of the bones and joints. With its aid we are able to obtain early as well as exact information following which definite therapeutic procedures can be undertaken and therefore clinically favorable conditions brought about in a much shorter time than would otherwise be the case.



## NOTES FOR THE SPECIALISTS' DEPARTMENT.

DR. FRITZ ASKENSTEDT, LOUISVILLE, KY.

Don't diagnose valvular disease because the patient presents a heart murmur. Remember that most heart murmurs, especially in children and young adults, are merely functional.

Don't give up in despair because patient's pulse rate is 180-200 and irregular. Remember that in auricular fibrillation, which usually comes and leaves abruptly, a similar pulse may become quite normal the next day.

Don't diagnose "heart disease" because the patient "dropped dead." Remember that sudden death may occur from enlarged thymus, brain embolus, rupture of aneurism, air embolism, cerebral or adrenal apoplexy.

## GENERAL LABORATORY TECHNIQUE.

JULIUS A. TOREN, M. D., CHICAGO.

During the last two months we have been trying a new blood stain, perfected by Dr. B. G. R. Williams, of Paris, Ill., with the greatest satisfaction. Dr. Williams calls this stain the "invariable" because of the uniform results obtained by even inexperienced workers. This stain is both reliable and rapid, and the nuclei are brought out very distinctly. It has two distinct advantages over most blood stains in being very easy to prepare and also very easy to use.

The formula is as follows: In 312 c.c. of a three months' ripened Ehrlich's hematoxylin, 0.1 gm. of water-soluble eosin (yellowish) is dissolved, and the mixture filtered if necessary. This stain not only keeps well, but even improves with age. The stain may be used repeatedly. If it becomes too thick, thin with a few drops of alcohol.

The use of the stain is as follows: The slide is fixed by putting a few drops of absolute alcohol on the slide, quickly pouring off the excess, and igniting the alcohol from a Bunsen or other flame. Allow the slides to cool and place in a Coplin jar or wide mouthed bottle containing the stain, permitting the stain to act for fifteen minutes. The slide is then removed, rinsed in ordinary tap water, and blotted with soft filter paper.

## CLINICAL URINOLOGY AND RENAL THERAPEUTICS.

CLIFFORD MITCHELL, M. D.

**Tube Casts Without High Blood Pressure.**—The fallacy of assuming absence of kidney trouble because of absence of high systolic blood pressure was seen in a case recently where a man, 75 years old, with a blood pressure of only 148, passed urine in which tube casts were easily found. The patient had an abdominal tumor, which turned out to be retained urine, due to enlarged prostate.

**The Urobilin Reaction With Zinc Acetate.**—We have been asked if the test for urobilin, as described by Dixon Mann in our *Modern Urinology*, is trustworthy, to which we reply emphatically "yes." It was, however, several years after becoming familiar with the test before we happened to find a case in which the reaction was positive.

We seldom see the reaction more than a few times in a year. Occasionally we have been unable to demonstrate it during the months when the college is in session, but an entire year seldom passes without, at least, one case presenting itself in which we obtain a positive reaction.

**The Bile Tests.**—The trouble with chemical tests for bile in the urine is that, as a rule, they are oxidation tests and unless the freshly voided urine is examined, spontaneous oxidation of the pigments takes place from exposure to air and then the tests are dubious. Not so the microscopical appearances: a very small amount of bile in urine will stain tube casts, epithelia, etc., with bile pigment. Tube casts are frequently found, in fact, are the rule, when bile in appreciable quantity is present in urine, and the yellow stain upon them together with that on the epithelia is sufficient test.

Blood also stains tube casts yellow, but more rusty yellow or reddish, while the blood stain is wholly absent from squamous epithelia, a fact not sufficiently appreciated.

Urobilin is said to stain epithelia, but in the writer's experience it does not do so for in the very worst cases of urobilinuria seen with a most marked and easily obtained zinc acetate reaction there has not been noticed the slightest staining of the squamous epithelia. So far as we know the staining of squam-

ous epithelia is peculiar to bile pigment and is a much simpler and more reliable test for it than the chemical tests. Just as in our opinion the microscope is a more reliable test for blood in hematuria. (In hemoglobinuria, however, it is necessary to use chemical tests, as *e. g.*, the benzidine, but even this test may fail, as observed in the last RECORDER.)

**A Peculiar Case of Nephritis.**—A case of nephritis showing unusual and puzzling symptoms was seen recently in a woman, 23 years of age, who suddenly was taken with glandular swellings, beginning in the cervical region and extending downward over the body, as in Hodgkin's disease. She also had symptoms suggesting ulcer of the stomach. The urine, however, showed the case to be one of sub-acute nephritis. This case showed more than any the writer has seen the value of routine examination of the urine in any and all cases.

The glandular swellings subsided, the temperature went down, and there was soon no thought of Hodgkin's disease in the case, as the urine persistently contained 0.1 per cent. of albumin, the blood pressure was 180-190 and there was a slight leukocytosis, with a hemoglobin percentage of 90.

Tube casts in this case were dark coarse granular of large size, and also granular waxy.

After a week or two all symptoms subsided save those of nephritis.

**Concealed Diabetes.**—It is our experience that diabetes may be concealed in an individual for some time before the patient or his physician recognizes it. In such cases the sugar may, however, be detected at times, as, for example, two hours after the noonday meal. After varying lengths of time the patient is suddenly seized with polyuria, and polydipsia, which directs his attention to his condition and leads him to consult a physician.

We think it desirable that every one should be aware of his tolerance of carbohydrates, which can be readily determined by testing the urine after the ingestion of 100 grammes of glucose. We advise that the test be made at noon, the patient taking no other food.

Allen, in his monumental work on Diabetes, says: "The existence of concealed diabetic tendencies in a considerable number of human beings must be recognized."

**Allen on Diabetes.**—In a work recently published by the Harvard University Press, Allen, of the Rockefeller School of Research, from innumerable experiments upon animals, concludes that it is proved that diabetes is a condition resulting from a reduction of pancreatic amboceptor below the requirements of normal metabolism, or, more plainly, that it is a nervous disease affecting the islands of Langerhans in the pancreas to such degree that they fail to secrete the substance which links food to cellular protoplasm.

Sugar in the normal body exists in combination with a colloid pancreatic amboceptor (linking substance) hence deficiency of this amboceptor leads to diabetes.

Allen confirms a view we have long held, namely, that excess of sugar alone does not cause diabetes in a person without predisposition, but, on the other hand, excessive ingestion of saccharine materials may develop diabetes in those predisposed.

The clinical point, therefore, is that in families where diabetes is known to be present sweets should be sparingly used.

**Renal Function.**—The observations of McCaskey on the failure of the phthalein test to discriminate the ability of the kidney to excrete water, urea, and salt have already been noticed here. We have lately done quite a little work in analyzing the urine drawn by ureteral catheters from each kidney and our method is to determine both the urea and the sodium chloride from each kidney. Only one c.c. of urine is required for the urea test, as described in *Modern Urinology*, and but five c.c. of the urine for the Luetke chloride determination. Centrifuge the urines from each side, examine microscopically, pour off the supernatant urines, test each for albumin by the contact method (using Mitchell's special centrifuge tubes which permit a very small amount to be tested) then use the rest for the urea and for the chloride determinations.

Proceeding thus it may be found that both kidneys are excreting exactly the same amount of sodium chloride, but that one is excreting twice the amount of urea that the other is doing. Such information is much more exact than can be derived from dye stuffs. [Moreover the supply of dye stuffs is going to be limited during the war, while the chemicals used for the determination of urea and chlorine are to be had in greater amount,



**Treatment of the Toxemia of Pregnancy.**—In a recent case in which we found a low ratio of urea to ammonia in the urine of a woman eight months pregnant, sea salt baths at 100° Fahrenheit for half an hour daily, sun baths, and the creeping posture, 15 minutes or more daily, aided elimination and brought up the ratio of urea to ammonia in the urine. Delivery was normal.

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## BOOK REVIEWS.

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URINARY DISEASES. By Stephen H. Blodgett, M. D. 127 pages. Cloth, \$1.00. Whitcomb & Barrows. Boston. 1914.

In his Preface the author tells us that in compiling this book he has made use of the lectures he has delivered before the various training schools for nurses. Presumably there is much valuable information in this book for nurses, but the reviewer hasn't brains enough to find it—or assimilate it. For example, under "Tuberculosis of the Kidneys" is the following: "The patient should exercise but little. Yet, on the other hand, he should be given enough exercise to insure good digestion and assimilation of the food eaten. The mind should be employed, and exercise, such as rug weaving and knitting and light arts and crafts work, is excellent for the purpose of keeping mind and hands occupied." It seems to us that about the best advice to nurses is to obey orders, be good natured and not too "fresh."

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This volume, *Leaders in Homœopathic Therapeutics*, now in its fourth edition, occupies a sphere all its own in homœopathic literature. The object of the work is to fasten upon the mind of the reader the strongest points of each remedy and to give the students such a picture of the individual of each remedy as will enable him to prescribe with confidence in a comparatively short time. Perhaps no homœopathic writer has been more successful in conveying to the reader a vivid picture of the remedy than Dr. Nash. It is a work which we would commend to the careful study of every practitioner and student of homœopathy.—*Hahn. Monthly.*

# Homœopathic Recorder

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## EDITORIAL NOTES AND COMMENTS.

UNITY.—In 1801 Hahnemann wrote: "Ever sadder, ever more gloomy, are the prospects of the development of our art in the new century; without friendliness and good fellowship among its professors, it will remain but a bungling art for another century." Hahnemann's "new century" has passed and another is well on its second decade yet the thing he grieved over, the lack of "friendliness," still, more or less, prevails. Presumably it always will among individuals of differing temperaments, but at least all homœopathic societies, colleges, institutes and the like can lay down one inflexible rule for all, namely, an acceptance of the law of *similia* and the rejection of all that *conflicts* with it. Remember that no one can "improve," or "advance" on, a Law of the Universe.

DR. BIGGAR ON VIVISECTION.—After stating, in Elbert Hubbard's *Fra*, that there is much useless torture inflicted on animals in the name of science, Dr. H. F. Biggar gets off the following bit of literary vivisection himself: "There are virtually degenerate vivisectors and charlatans of the most pronounced type, who, screened behind professional positions in reputable medical colleges, use this means when posing as scientific researchers for the alleviation of human suffering." And then on this he rubs some *Capsicum*.

ARSENIZATION FOR YELLOW FEVER.—Our friend, Dr. R. B. Leach, of Paris, Texas, once known in the RECORDER's pages

as "The Man From Texas," sends us a Senate Document concerning "The Arsenization Method of Preventing Yellow Fever," which was "referred to the Committee on Public Health and National Quarantine." In brief, the treatment is to take three tablets, each containing 1-100 grain of *Arsenicum* (arsenious acid) a day during the first week of exposure to possible infection, two per day during the second week and thereafter one a day until 100 in total have been taken or the epidemic has ceased. "Arsenization is practically a complete prevention of contagion and an absolute preventive of fatality." Dr. Leach does not object to the rival "mosquito theory," but holds, in effect, that you cannot keep a whole city under netting during the prevalence of the epidemic. Whether those who take the tablets would not also make a "proving" of arsenic is another question. If we were where yellow fever was epidemic we certainly would get a supply of *Arsenicum* tablet trits 2x.

A BIG ORDER FOR SERUMS.—A news item in the *Journal of the A. M. A.*, says that Goldwater, health commissioner of New York, has received a cablegram from Vienna asking for 50 litres of tetanus serum for use on wounded Austrian or Hungarian soldiers. Some men of experience hold that 50 litres of *Hypericum* would be far more effective. It has cured developed cases which the serum, according to reports, will not do. *Hypericum* is also a better preventive.

WHEN DOCTORS DISAGREE.—Dr. John Clifford, in his recent book, *Temperance Reform and Ideal State*, asserts that "Half the crime of the country is directly due to drink." On the other hand, Dr. Charles Goring, in his recent and semi-official book, *The English Convict*, asserts that "Alcoholism is not directly related to crime, but only indirectly." Alcohol lifts the veil all men draw over themselves, more or less, and reveals the trend of character, but it does not put the character there. Old Philadelphians relate how, in certain ancient quarters of that town, the women have, or had, the trick of getting a man under the influence of liquor, before marrying him, in order to know his inner character.

A LEGAL POINT.—An Oregon man sued a doctor for \$50,000.00 damages on account of an alleged breach of contract by the defendant to attend to the plaintiff's wife after she had met with an accident which produced a miscarriage. The doctor's defence is not given in the abstract before us, but, in effect, the Supreme Court of Oregon ruled that no one could recover damages for mental suffering when the physical suffering was in another.

MODERN DEATH RATE IN CHOLERA.—The British delegate to the Constantinople Board of Health reports (*Lancet*) concerning Asiatic cholera in southeastern Europe. There is but little, if any, difference between the death rate in that disease to-day and the rate of a century ago. In the face of an epidemic modern medicine seems to be about as helpless as was old allopathy. The heads of the medical colleges and universities doggedly refuse to have anything to do with Homœopathy, the men they graduate, therefore, have no knowledge of its superiority in dangerous epidemics, and the result is as given above.

THE OTHER SIDE.—Herbert Corey, once a Chicago reporter, but now of New York, relates the following concerning an incident that attracted some attention at the time: "Dr. John A. Wyeth, former president of the New York Academy of Medicine, invited a reporter to attend a demonstration of tuberculin. When the reporter wrote about it the comitia minora—which is the inquisitorial body of that institution—put on its red robes and hurried down into the furnace room. Pretty soon Dr. Wyeth recanted out loud. In a letter for publication he said it was all the reporter's fault. The reporter's editor said it wasn't. He said the unfortunate's account had been revised 'by competent authority,' which most people take to mean Dr. Wyeth. Still, ethics had been saved. A reporter had been made the goat."

THE NEW STYLE HOMŒOPATHY.—The *Journal of the American Institute of Homœopathy* prints President Wilcox's interesting and able Address delivered before the Atlantic City



Meeting of the Institute. From it we clip the following: "Nearly every new discovery of medicine has demonstrated the truthfulness of the law of homœopathy. Jenner foreshadowed its triumph; Pasteur and Lister advanced it; Koch demonstrated it; Von Behring utilized it, and Wright acknowledged it. The opsonic index, the vaccine treatment of typhoid and other infectious diseases, radiotherapy, the establishment of immunity, and the power of infinitesimal doses of vaccines and serums as demonstrated by laboratory research in all schools and countries, all acclaim its truth."

These discoveries do not seem to have had any appreciable effect on the allopaths, at least up to the present time, in turning them to *real* Homœopathy, which never uses a stiletto to administer its remedies.

PUMPING IN DISEASE.—In a letter to the *Lancet*, headed "Tuberculin 'Enthusiasts,'" Dr. Charles Miller tells what is really a sad story, a story, too, that indirectly shows why the many "drugless" cults are on the increase. Here it is, condensed: A young woman with signs of active tuberculosis was treated at the Brompton Hospital and these signs disappeared and she could return to work. She was then ordered by the Insurance Committee to go to a dispensary. A "specialist doctor" there gave her eighteen injections of tuberculin, fourteen of them being on consecutive days. Shortly after this she returned to the Brompton Hospital coughing and spitting blood. Dr. Miller concludes as follows: "It is not my object to enter into a discussion concerning the merits—or otherwise—of tuberculin, nor to criticise the method of administration in this case. But it does seem justifiable to consider that a focus of disease, apparently arrested, was fanned into flame by the treatment. The possible sacrifice of a woman's life may not appeal to the official mind, but surely the destruction of benefits, obtained by a long and expensive treatment, will seem, even to an insurance committee, to be an achievement of which they cannot be proud." The less we have of official medicine—the A. M. A. to the contrary—the better it will be for the people.

WHAT SHALL A MAN BELIEVE?—Time was when uric acid

held the center of the stage; books and many learned papers were written about it, professors lectured on it, while the proprietors of medicines, or of water springs, told how it might be cured. Now comes Dr. E. E. Faber, of Copenhagen, Denmark, with the conviction that what the learned world blamed on uric acid should have been blamed on gluttony—eating too much. He has looked over nearly 700 cases and finds that the things attributed to uric acid are to be found chiefly among the big eaters. Thus doth one learned medical theory after another fade away and die. If we only knew why one man may be abstemious while his brother goes to excess, we would be getting nearer to science.

HOPE FOR THE TUBERCULOUS.—Dr. W. Hale White contributes an article on "Prognosis" to the *Lancet* from which the following is clipped:

"Everything points to the conclusion that the outlook for sufferers from tuberculosis is much better than it was. There has, in this country, been a steady fall in the mortality during the last 60 or 70 years, and apparently the rate of fall has not been altered by modern treatment; but, of course, it is possible that the rate might have been slower during the last few years if it had not been for treatment. All post-mortem room experience shows that healed tubercle is very common, and there is no case of phthisis so bad as to be quite hopeless. Even cases of long-continued suppuration from cavities or dilated tubes can occasionally be cured by the induction of an artificial pneumothorax, and I have a friend in whom the tuberculous process spread to the ribs causing necrosis of same, his temperature was 106° F., and yet he recovered well enough to enjoy life and look after a small farm." Be hopeful, make your patients hopeful, and give them the *indicated* remedy, even though the books do not mention it for a given disease, for every patient is different from every other.

SEEING THINGS.—Dr. Sajous, M. D., LL D., editor of the *Monthly Cyclopædia and Medical Bulletin*, or perhaps it was one of his associates, writes of the sea serpent: writes of how he has bitten off the cork legs of old sailors who were returning

from shore leave; of how he has been seen by Jersey fishermen, who carried a cargo of applejack, and then adds "it might easily be conjectured that" the A. M. A. men, when assembled down at Atlantic City, might have seen him though no report has yet come to hand of any one who got a glimpse. Sometimes one can fancy seeing evidences of the creature between the lines of some of the learned papers.

NEWSPAPER MEDICINE.—Some of our enterprising newspapers hire a doctor to run a "medical department" to answer questions and give free advice. "Doc" Hirshberg is one of these medical stars of the first magnitude. The *Journal A. M. A.* runs the following quotations in its funny column concerning "Doc:"

"Anger is like a tempest that from cloud to cloud the rending lightnings rage, till, in the furious elemental war dissolved, the whole precipitated mass unbroken floods and solid torrents pour."—Doc Hirshberg in the valued *Post*.

"Dr. Hirshberg explains the most advanced medical theories of the day in language which any one understands."—The valued *Post*.

The loveliness of red cheeks is not like the rose, born upon a thorn. It spells an imperial basis of physiological process."—Doc Hirshberg.

Or, as Lewis Carroll put it:

"'Twas brillig, and the slithy toves  
Did gyre and gimble in the wabe."

—*Chicago Tribune*.

NO LONGER IN DOUBT.—This is from an editorial in the *British Medical Journal*:

"Any doubts as to the causes of death in fatalities after salvarsan injection will be dispelled by a perusal of an able analysis of the published cases by Dr. Carl Schindler. The symptoms in practically every case recorded are strikingly similar—headache, vomiting, restlessness in the first twenty-four hours, a few hours of apparent recovery, and then relapse, leading to coma and death on the fourth day. The *post-mortem* appearances of the brain, kidneys, and other organs do not differ in



any important detail." This being the case it brings up several questions that may some day be settled before a jury, for the editor adds, later, "Death from salvarsan is nothing less than death from acute paralysis of the circulation by arsenic."

OLD IDEAS COMING TO THE FRONT AGAIN.—Of late years learned men have been telling us that heredity is, to put it in plain terms and our own, all bosh. That all diseases are caused by germs and therefore there cannot be such a thing as hereditary disease. Hahnemann's theory of the underlying diathesis, or miasm, is laughed at. But in the face of all this here is Dr. Hector Charles Cameron, in the leading article in the *British Medical Journal* (July 11), writing:

"Although we have no sufficient knowledge of the true nature of the constitutional anomaly, we believe that this anomaly accounts for the presence of the local disorder, and that treatment to be successful must be directed not only against any one local manifestation, but must combat the underlying cause—the diathesis itself." That, we hold, is the soundest kind of sound homœopathic philosophy, and only needs a knowledge of homœopathic therapeutics to make it successful.

SUBSTITUTING FOR LIBERTY.—In his Commencement Address, President Buttler, of Columbia College, said that in the early days of that college liberty was what all sought for, but to-day "not liberty, but regulation and restriction are the watch-words." "John Stuart Mill, in his classic essay, 'On Liberty,' saw and described these tendencies nearly fifty years ago, but even his clear vision did not foresee the lengths to which restrictions on liberty have now been carried." . . . "The cycle will, in due time and after a colossal waste of energy and of accomplishment complete itself, and liberty will once more displace regulation and restriction as the dominant idea in the minds of men. It is worth your while to take note, therefore, that while liberty is now in the foreground of human thinking and human action, it cannot long be kept out of the place which of right and of necessity belongs to it."



# PERSONAL.

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"Tell me a fairy story," said the child. "Wait till father comes home and you will hear one," replied mother.

"Is the possession of riches immoral?" asks an exchange. We wouldn't doubt the result if the editor had the chance.

By the way, What is "nature?"

A *J. A. M. A.* subscriber complains that all criticisms of that journal are put in the "funny part."

When the U. S. invited the Swiss navy to participate it was but an evidence of our extreme politeness.

"Kind of a girl?" "Oh, she's the sort that 'screams with laughter,'" said Claude.

In a "long interview" he told the public he had "nothing to say."

A newspaper says that only "yellow" persons invoke the "blue laws."

The earnest pursuit of health is a sort of disease that has wrecked many.

The performer, he who does things, is the pie the reformer is after.

Dear reader, how would you define "advanced thought," or even detect it?

"Natureopathy!" The coiner of that word ought to go to school again.

Habits have you—not the reverse.

"When in doubt win the trick," is Hoyle's advice.

"It is the mind that makes the man, and our vigor is in our immortal soul."—*Ovid*.

It is said that a good wife is one who can appreciate yourself.

A pretty woman who is unable to forget it is to be cautiously approached, matrimonially.

"Dudh," says a reviewer, "is the Hebrew root from which we derive our 'dude.' It means 'a love.'"

Jeroboam, who broke up the ten tribes of Israel, did so by making priests of all the people—just like, of course, our moderns.

A laundry too often does your collars up.

Wonder if Andrew's Peace Palace will escape.

A rascally man asks if England has a "gentler sex."

Many a man is a debit rather than a credit to his family.

Many a man may come by a thing honestly for weeks but take it finally.

In the beginning eye-glasses were denounced by physicians and obtainable only from quacks.

*Cleveland Plain Dealer* thinks with a college youth about no one needs an encyclopædia.

"Hips will be fashionable again this season," says a fashion item.

Whether a man at the top of the ladder is any more comfortable than one on the ground is a debatable question.

Claude is of the opinion that distance does not lend enchantment to his last fiver.

Can a man be independently poor?

"Is any one independent?" asks Hobbs who is looking for a cook.

Which is preferable, a first or a second class idiot?

# THE HOMŒOPATHIC RECORDER

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## ECOLOGY.

The editor of that able, well conducted, and generally respectable exchange, *The Journal of the American Institute of Homœopathy*, has introduced us (at least) to a new science, namely, "Ecology." As there may be others, like ourselves, who never heard of the word—or science—we will give them its meaning as expounded by Dr. Thomas Lathrop Steadman, A. B. and M. D., in his very recent and all-right Dictionary.

"Ecology" is from the Greek "*oikos*," which, being interpreted into our baby Anglo-Saxon lingo, means household or family affairs; of course, the "ology," as always, means "talk." So much for the word, which is the verbal token for a "new science," or, to quote our esteemed contemporary, "it is a new science, but it instantly appeals to the physician as of immense importance." Holding to baby Greek we should say it was of "immense importance," for what boots all the scientific honors as compared with a comfortable state of affairs in our individual *oikos*, or household.

However, to be frank, this is hardly fair to our contemporary, who, after saying that Ecology is a new science that appeals to physicians, continues as follows:

"He, the physician, of course, recognizes that any associations which transform substance and energy into varied physiological response is most helpful in his work. For the physiological necessities in association have as real existence in individuals as have similar necessities in the cells which compose the animal body. Generally speaking physiologists allow for a greater influence of environment than do other students. They are impressed with the dependence of organisms upon their environment. Study of such reaction reinforces this conception. This new science is presenting biological adaptation as a process rather than as a

product. This problem may work out as a separate one from evolution; certainly individual animals must have shown adjusting adaptation, or there could have been no perpetuation to continue the struggle of adjustment. Ecological problems are likely to raise a question as to the relative importance of adaptation and evolution, if indeed they are separate problems."

Go to it! say we to our esteemed contemporary, and if you can knock out evolution with ecology we will stand by and hurrah! For, in truth, evolution is but a fine spun theory with a gossamer backing, that will never find the missing link between theory and fact—for there is none. Out of nothing nothing can be created. Consequently you cannot evolve (unwind) from the protozoon that which has not been previously wound up in that lowest form of "life." Furthermore, you—scientists—will have to prove that our ancient friend, Mr. Protozoon, is the origin of man, something you have not done, for you cannot show any break in the genealogy of man, monkey or donkey, of one merging into the other—even though you might be able to show man making a monkey, or donkey, of himself, which, as you know, is not evolution, but the reverse—perhaps ecology.

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## **SOME THOUGHTS PERTAINING TO DULCAMARA AS A CURATIVE AGENT.**

**By F. S. Smith, M. D., Lock Haven, Pa.**

This is one of the drugs proved by Hahnemann. Any attempt to add to what has passed the scrutiny of the fertile brain of Hahnemann would be like an attempt to add to the light of the noonday sun with a pine torch, or a tallow candle. Perfection cannot be added to, and subtraction were sacrilege.

The Apostle Paul found, at Athens, a lot of fellows whose chief occupation was to hear and tell of some things new. Men and women of this age differ from those of Paul's time—not much.

To seek after the new, having for its aim the mental, moral or physical elevation of the race, is most commendable, but in the search for things *new*, all that is useful of the old should not be forgotten, or, to use an expression of the late President

Cleveland, should not be allowed to pass into "innocuous desuetude."

These prefatory remarks will serve to introduce the subject proper of this paper, viz., a few thoughts pertaining to *Dulcamara* as a curative agent. Your essayist has reason, or, at least, *thinks* he has reason to believe that the bitter sweet plant has been relegated to a back seat or, at least, to an unimportant position in our materia medica. If such be the case the sooner it is rescued from untimely obscurity and placed prominently among the polychrests, where it legitimately belongs, the better it will be for the doctor and his patients..

*Solanum dulcamara* is an indigenous plant, growing on marsh banks, in low, damp grounds, about hedges and thickets. A description of the plant is not necessary to the purposes of this paper and is, therefore, omitted.

Our Eclectic friends—noted for their zeal in developing the medical properties of indigenous plants—have this to say,—King's *American Dispensatory*—in relation to the properties and uses of *Solanum dulcamara*: "It is a mild narcotic, diuretic, alterative, diaphoretic and discutient. \* \* \* It has been chiefly used in cutaneous diseases, syphilitic diseases, rheumatic and cachectic affections, ill conditioned ulcers, scrofula indurations from milk, leucorrhœa, jaundice and obstructed menstruation. It is of more benefit in scaly cutaneous diseases than in others, as in leprosy, tetter, eczema and porrigo. \* \* \* In large doses it causes sickness at stomach, vomiting prostration or syncope and spasmodic twitching. With some persons it depresses the action of the heart and arteries and causes a moderate degree of lividity of hands and face. Externally it is used in form of an ointment, as a discutient of painful tumors, also some forms of cutaneous disease, ulcers and erysipelatous affections."

In homœopathic practice the indications for its use are numerous. Hering, in his *Condensed Materia Medica*, gives over five pages of its symptomatology.

In the treatment of acute diarrhœa it stands without a peer. The books, such as mention it at all, give a stereotype indication for its use in this form of disease, diarrhœas arising from cold—watery diarrhœa. Nash, in his work entitled *Leaders* in



*Homœopathic Therapeutics*, says that "Colic and diarrhœa from exposure are quickly relieved by *Dulcamara*, especially if taking place in hot weather, when the days and nights become suddenly cold." Also dysentery. Stacy Jones, in his *Bee Line Repertory*, does not mention it under heading, "Diarrhœa,"—but under rubric, "*Bowels*,"—gives: "Call to stool painful; *Dulc., Mercurius*." Clark, in his *Prescriber*, gives the usual stereotype indications, as also does Laurie. Marcy, however, gives great prominence to this remedy and subsequently Marcy and Hunt, in their work on *Practice*. They say, "*Dulcamara* is a remedy of the very highest value in diarrhœa and it covers a much wider range of symptoms than has been attributed to it. It has been employed principally in watery diarrhœas, which have arisen from cold; but we have used it with distinguished success in bowel complaints, which were caused by teething, worms, repelled eruptions, errors in diet, and in which there was mucus, slimy, bilious, greenish and sanguineous evacuations." Dr. Rummell is then quoted as saying that nine-tenths of all cases of diarrhœa may be cured with *Dulcamara*. And Marcy adds, "And we are satisfied he is not very wide of the mark."

For forty or more years the writer has seldom had to resort to any other remedy in the treatment of acute diarrhœa, and one case of chronic, of three years' standing, was promptly cured with this remedy.

With the splendid provings recorded by Hahnemann, and the subsequent clinical use of this drug in acute diarrhœa, should furnish evidence sufficient to convince the most skeptical of its importance in catarrhal conditions of the intestinal mucous tract.

Germane to the subject under discussion, it will be proper to ask what is a cold? or, what is the cause of what, in common parlance, is called a cold? It will hardly be gainsaid that a suppression of perspiration, either sensible or insensible, or both, will produce all the phenomena of what is commonly spoken of a "cold."

This suppression having taken place is a prolific source of intestinal irritation, either diarrhœa or dysentery may be the result. Exudation through pores of the skin now clogged and closed, the intestines take upon themselves the task of eliminat-

ing effete matter primarily pertaining to functions of the skin.

But how about diarrhœa, caused by teething, worms, unripe fruit, *et al.*? If it can be shown that there has been no chill or slight febrile condition accompanying such cases, thereby closing the pores of the skin, then it must be admitted that there are other causes of diarrhœa than suppressed perspiration. Such cases, to say the least, are probably rare. It is needless to add, that colds (so-called) cause many other conditions designated "disease," beside bowel trouble; among which are congestion of various tissues and organs. Without going into details minutely, the following case will illustrate a point:

A few years since, in a medical periodical, there was a notice of a party of tourists en route to the summit of the White Mountains. When part way up they stopped for the night. The horses, a pair of fine Morgans, were stabled, with their heads at an open window. The next morning they were found with their heads down, breathing laboriously and refusing feed. There chanced to be a homœopathic physician in the company, who took charge of the horses' treatment. There undoubtedly was a case of incipient pneumonia, caused by suppressed perspiration. In common parlance the horses "had taken cold." The doctor prescribed *Dulcamara*, and the next day, if memory serves aright, they were able to proceed on their journey to the top of the mountain. Perhaps the majority of physicians would have prescribed *Aconite* or *Bryonia* in this case, but there was one right remedy and the horses, fortunately, got that remedy. If *Dulcamara* cures intestinal diseases caused by suppressed perspiration, is it not logical to conclude that it may be indicated in other cases arising from the same cause? The subject is worthy of more than a passing notice and, if thoroughly studied, may bring into view nuggets of pure gold that have been heretofore overlooked.

In skin diseases *Dulcamara* should be a prominent remedy. Allen, in his work on *Diseases of the Skin*, gives a long list of symptoms pertaining to this drug. In fact, it seems as if it would be applicable to many forms of eruptive skin troubles.

The simillimum, however, must be the object of the doctor's aim; once found and administered, a cure certainly results.

Is it the part of wisdom then to return to the flesh pots of

Egypt when we have a remedial agent so potent in the cure of intestinal irritation? Why resort to such remedies as the deodorized tincture of *Opium*, as is the practice too common among a certain class of homœopathic practitioners and in some instances by those very close to the fountain head of homœopathic teaching.

Let *Similia Similibus Curentur* be the pillar of fire by night and the pillar of cloud by day to guide the practitioner out of the wilderness of medical empiricism and doubt into the bright light of truth and certainty.

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### PREVENTIVE MEDICINE.\*

By **E. M. Perdue, A. M., M. D., D. P. H.** Professor of Preventive Medicine, Eclectic Medical University, Kansas City, Missouri

The medical profession owes a duty to the public. This duty does not consist in personal aggrandizement, posing, unreasonable meddling, abridgement of private rights and imposition of personal opinions. It consists in that higher and nobler interest in the common weal as evidenced by public sanitation, pure water supply, proper housing, factory inspection, shorter hours for women workers and a hundred other things that should interest a public spirited profession.

Our profession has justly incurred the suspicion and distrust of the public. Many embryonic doctors are imbued with the idea that they can regulate the moon and stars and reverse the procession of the equinoxes and accomplish many other equally trivial things and do it by law or ordinance. They consult some equally embryonic lawyers who possess similar ideas and proceed to draft and have enacted such laws. After having some foundation in law they proceed to stretch the law over a set of rules and regulations which go far beyond any law ever passed. Then a number of young doctors are appointed to enforce these laws and rules. The ability and qualification of these doctors is to be gauged by their salaries—fifty to seventy-five dollars a month.

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\*Read at the meeting of the American Association of Progressive Medicine, St. Louis, Mo.

This type of political doctor, his ability measured by such a salary has given us the individual drinking cup on railroad trains and in public school buildings, has prohibited the use of a towel, has brought medical inspection into our public schools, talks of eugenics and the sterilization of the unfit, carries pure food and drug agitation to absurdity, advocates the individual door knob, individual dollar bills, and the abolition of pen holders on hotel desks and bank counters. In short this type of political doctor has become a public nuisance and a menace to the public health to the discredit of public medicine.

He goes into the public school, lines up the children and thrusts a dirty finger down the throats of a dozen in succession without any attempt at washing. He bares a dozen little arms and vaccinates with anything from cow-pox to tetanus with a technique that would shock the farmer who formerly did his own veterinary surgery. And he does all this and more in the name of preventive medicine. O science, what barbarities are committed in thy name.

Rational preventive medicine commences with a complete working system of vital statistics. Preventive medicine does not deal with the individual, it deals with the community. The individual is left to his family physician. The Health Board or Health Commissioner, fortified with statistics, knows the normal birth rate, the normal sickness rate, the normal death rate of his community. From accurate statistical reports from physicians he is able to detect any increase of morbidity or mortality. Increases of sickness and death lead to public inquiry into cause. This leads to public remedy of conditions..

A second requisite is a lively appreciation of the economic value of human life and of human efficiency. Longevity is not the only thing to be considered. An invalid may be a greater economic loss to the community than if he were dead. The economic considerations are the lengthening of the working age, the efficiency of the employed, the breadth of life, as distinguished from the length of life, the breadth of life as opposed to morbidity. Apply Farr's theorem to the death rate and note the loss of earning power from the morbidity rate. Then note that the capitalized labor of any civilized country is worth five times all other invested capital and figure the economic loss



from preventable morbidity. Public medicine has to do with preventable morbidity.

Two very important considerations in early life are the prevalence of the "minor ailments" and infant mortality. The former are due to a state of the public mind which encourages children to contract all the communicable children's diseases. This results in a higher death rate from measles and whooping cough than from diphtheria and scarlet fever. This is almost all preventable. A large part of the infant mortality is due to infant feeding. How many mothers know or care that the mortality of bottle babies is to nurse babies as five to one. Do social convenience or the frivolities of fashion compensate for this?

Child labor and working women present a problem to preventive medicine. Every growing child is, first of all, entitled to a well developed and healthy body. Industrial stress, the high cost of living, the demand of cheap labor force many children into the factory or mill before their time. The whole train of dwarfing, twisting, deforming ailments of which they are made the victims is a very proper consideration of public and preventive medicine. Thousands of our young women who should be the happy mothers of the next generation are broken invalids in their younger years because of heavy work, long hours and nerve racking attendance upon rapid machinery. The waitresses who carry a number of meals across tiled dining rooms, three meals a day, the egg candlers who work in the dark, the girls who work in laundries, the saleswomen who stand behind counters nine hours a day, all can relate a series of ills terrible to contemplate.

Go into any of our large cities and study the housing conditions. Note the lot congestion, the house congestion, the room congestion. The public hall, the public toilet, the want of privacy, the rooming house, rooms over saloons, the crowded tenement, all contribute their quota of disease and immorality. The crowded factory district, the piece work of the tenement, heat, darkness, artificial light, noxious fumes and bad ventilation add to the morbidity and mortality that are preventable. These are proper matters for the attention of preventive medicine.

All matters which tend to lower the tone of the domestic re-

lation and of social conditions, leading to delinquency, immorality and disease, are within the domain of preventive medicine. The treatment of venereal diseases is for the physician himself. He must deal with the individual victims. Here is the distinction between preventive medicine and the practice of medicine. The conditions which lead to the social evil, lax marital relations, the discredit of home, marriage and home making, low wages, the "woman adrift," unemployment, procurement, and a thousand other things which contribute to delinquency and the spread of venereal disease belong to preventive medicine.

Our country has a steadily increasing urban population. This means a leaving of the farm and a crowding into the factories. We have an immense foreign population in the mills. As never before the United States has industrial or occupational diseases. Morbidity from mineral poisons, dusts, fumes, gases, faulty positions, vibrations of machinery, and a host of other things with their attendant mortality has been the moving power in the enactment of many laws for the protection of the working man. The insurance companies classified the "hazardous" and less hazardous occupations. The law has come in and decreed forced draft, hooded machines, inclosed machines, guarded machines, mineral oil on floors, safety lamps, decompressors, doors opening outward, and a score of other things which come within the scope of preventive medicine. The victim is still treated by the individual physician. Any attempt to invade this individual right or to dictate methods of treatment is without the purview of preventive medicine.

Two of the most important public obligations are pure water and sewage disposal. In primitive times man drank at the pure spring and the unpolluted stream. Society owed him no duty. Increase of population polluted the source of his water supply. As a matter of right he was entitled to water in its primitive purity. There are a number of inalienable rights besides "life, liberty, and the pursuit of happiness." Among these are the right to pure water, pure air, access of sunlight, and ingress and egress upon one's own estate. Polluted public water supplies are the prolific source of typhoid fever. The prevention of typhoid fever is a public matter. It is very properly taken in hand by

municipal and health authorities. Typhoid fever is preventable. Deaths and sickness from typhoid fever are an economic loss, and an inexcusable loss because avoidable. The actual attendance upon the typhoid patient is no part of the public duty. The patient is entitled to have the physician and treatment of his choice. The supply of a wholesome potable water, the regulation of the milk supply, the eradication of fly breeding places and the proper disposal of sewage and garbage are the duty the public owes to the possible typhoid patient.

We desire especially to emphasize this important point in public sanitation. Too little attention is paid to public water supplies and the diseases which accompany their contamination. According to Hazen's theorem, for every death from typhoid fever, due to a polluted water supply, there are three or four deaths from other diseases, due to the same cause. The public apathy in the face of our high typhoid rate is one of the causes of the continuation of conditions. More people die of typhoid annually in the United States than of the plague in China or India or from cholera in Russia. Yet we complaisantly endure such conditions and say nothing about it.

Much might be said about rat destruction, quarantine, sanitary inspection, but all of these things are more or less familiar. It has been the aim of this part of the discussion to set out clearly the proper limits of public preventive medicine and to distinguish preventive medicine from the common pernicious habit of public meddling with business of the individual patient and the practitioner of medicine.

This pernicious activity of the political doctor is especially marked along two lines in which he has succeeded in ingrafting his opinions upon the laws:—that is in vaccination and the administration of antitoxins. No student of bacteriology and prophylaxis who will be honest with himself will for a moment claim any prophylactic value in vaccination for small-pox. Yet every year a so-called public medicine adds its toll of disease, amputated arms and deaths of innocent children to satisfy an exploded fad of a past generation. The present generation has run mad over antitoxins, yet every honest investigator knows that the mortality from diphtheria is much higher under antitoxin than under drug medication. The same is true of other diseases treated with sera.

A most refreshing contrast to all this is furnished in the campaign against malaria and the hook worm disease in the Southern States. Here is a true return of public medicine to first principles. The study of the obvious the first at hand, the true cause, and the education of the public. Here we have no exploitation of schools of practice, but just a rational, scientific public medicine.

The absolute reverse is true of the propaganda concerning cancer. All the great public agencies are concentrated upon the deception of the public concerning the true nature of cancer, its curability and prevention. While it is a constitutional disease, the public is taught that it is local. It is a curable disease. The public is taught that it is incurable. It is a malady demanding medical attention. The public is taught that it is a surgical disease only. While cancer ranks high as a cause of human mortality in our country, while cancer untreated is known to be a necessarily fatal malady, yet public medicine from the federal government to the smallest municipal board of health has done everything possible to place the ban of the law and professional stigma upon every physician who would cure a case of cancer.

Public medicine, that is, preventive medicine, is upon no secure or rational basis in our country. It is rather political medicine, insuring position and a meager salary to political doctors. Their ability is measured by their salaries. They always get more than they are worth to the community. When the public medicine of our country concerns itself with the scientific and rational study of the prevention of disease then can it be said that we have a public medicine which is truly preventive medicine operating in its own sphere.

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## HOMOEOPATY.

By Dr. Fred. Sperling, Wilkes-Barre, Pa.

Homœopathy has contributed to medical science numerous drugs of the utmost value and has, therefore, caused other substances to be sought and proved, thereby giving many more useful agents to the profession. Such remedies as *Apis*, *Millefolium*, *Coffea cruda*, *Glonoine*, *Hepar sulphur*, *Mercurius sol.*, *Sepia*, *Spongia*, were introduced by Hahnemann.



Such remedies as *Aconite*, *Arnica*, *Belladonna*, *Bryonia*, *Hydrastis*, *Pulsatilla*, *Spigelia* and *Rhus tox.*, while not homœopathic, were proved, and so modified as to be very useful by homœopathic investigators. Hahnemann and his followers established the importance of dietetic and hygienic measures in the treatment of the sick. While some physicians had employed such measures, their usefulness had been put aside as a lost art. Therefore it remained for Hahnemann to prove and apply them in the cure of the sick. He carefully and scientifically applied dietetic and hygienic measures with great success. His excellent results were attributed to these measures instead of the medicinal agent used. His confreres stated that his success was due to careful nursing and care in diet, and not the remedial agents.

Homœopathy has contributed to modern medicine the only principle of drug selection that conforms both to the strict requirements of modern science and to the practical need of the physician at the bedside.

Through modern biological research we can absolutely confirm Hahnemann's great law. Biology tells us that the human organism consists of an incalculable number of protoplasmic cells. That one of the fundamental properties of protoplasm is its ability to react to stimuli, whether thermal, electrical or chemical. Rudolph Arndt says:—"Weak stimuli kindle life activity; medium stimuli promote it; strong stimuli impede it, and the strongest stop it." This corroborates the homœopathic idea, that "an agent that can destroy a cell is capable of stimulating it if administered in a sufficiently small dose."

How true is the saying that truth endures and in its verification the science of Homœopathy, the results of the labor of Hahnemann, stands to-day, prominent in this great field of medicine, face to face with its opponents. Few can realize the difficulties and hardships Hahnemann endured in his efforts to advance the principles of Homœopathy, when his opponents of the dominant school criticised and scorned him. It was his great strength, the power of God and His great truths, which carried Hahnemann so successfully through life. Regardless of the many obstacles placed in his path, he rode to victory. The power he possessed was ever throwing forth its radiance which illuminated the path he trod.

How many mothers have been saved from becoming childless, and how many children from becoming orphans, by the aid of Homœopathy. Every day we learn of the wonderful cures by the great Law.

Words, nor is there enough money, to pay for what Hahnemann and Homœopathy have done for the sufferers in relieving their many ailments.

One of the first principles in the theory of cure is to know what diseases are curative by drugs. Homœopathy is the art of healing by medication. This is a great and elaborate system of practice. It has its own definite rules, methods and principles by which all its work is done and its results carefully tested. The principles of Homœopathy are the laws of nature. It uses materials provided by nature.

There is no word so misunderstood and so often misused as the word "cure." Cure and recovery are often used as though they were synonymous terms, while they are not, in the eyes of the physician. Hahnemann defines cure as being "the speedy, gentle and permanent restoration of health, or the removal and annihilation of disease in its whole extent, in the shortest, most reliable and most harmless way, on easily comprehensible principles." Cure is not the palliation of disease by the removal or suppression of some symptoms, nor the removal of "pathological end-products," such as tumors, effusions, collections of pus, useless organs or dead tissues. It is the annihilation of disease itself in its entire extent, but the definition of cure is not yet complete.

Homœopathicity is that: 1. By analogy, they appear to illustrate the action of the Homœopathic principle in nature; 2. That the experiments of Dr. Duncan tend to show that possibly the real truth contained in the primitive belief is not that "every disease carries its own remedy," but that the remedy for certain cases of definite, fixed, contagious disease is contained in the typical morbid product of the diseased individual himself. In other words, it may prove true that the potentiated autogenous product is the simillimum for certain cases; for only by potentiation can the remedy be rendered really homœopathic. Homœopathy is not isopathy; neither is the crude autogenous produce a similar, nor the simillimum, but idem—the thing itself.

Homœopathy is separated from isopathy by all the breadth and depth of the great gulf which separates man from the beast, although man may bridge the gulf in either case by the exercise of his reason, intelligence and love.

Homœopathy has a place in its great armamentarium and a use for all the nosodes (the name given to these morbid products), but only when they have been raised from the animal and material plane by potentization and applied under the governing principles of *similia*.

Experimentation along homœopathic lines herein indicated is the only logical course for homœopathic physicians to pursue.

Nothing can justify the claim or suggestion that autogenous pus, crude or potentiated, is the sole treatment, or even the best treatment for all cases, even if it cures some cases; for many cases will be found which will not respond to this treatment. Such a claim can be made for no remedy whatever. In this all reputable physicians of all schools agree. Finally, as bearing upon originality or priority of discovery, let the following be considered:

In 1886, Dr. Samuel Swan, of New York City, published and defended, in his catalogue and elsewhere, the following thesis:—

“Morbific matter will cure the disease which produced it, if given in high potency, even to the person from whom it was obtained.” (Dr. Stewart Close, Professor of Homœopathic Philosophy, *Chironian*, 2/1911, page 341.)

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## TRACHOMA

The subject of trachoma, or, as the people call it, “sore eyes,” in the mountain regions of Tennessee and Georgia has been investigated by Dr. Chas. A. Bailey, of the U. S. Public Health Service. His observations are printed in *Public Health Reports* for Sept. 18. The only reason for mentioning the subject here is to quote the following noteworthy paragraph:

“In the copper mining section of Polk county, Tenn., and Fauniss county, Ga., not any trachoma was found among several hundred persons examined.”

Homœopaths will remember that when the Asiatic cholera invaded Europe, Hahnemann observed that workers in copper were exempt from the disease. It is also known that *Cuprum* is one of the remedies for certain stages of it and also the best prophylactic or guard. May not the same be true of copper in the persistent and widespread trachoma?

The accepted treatment to-day seems to be hygiene—cleanliness, fresh air and good food. Bartlett, in his great work, *Treatment*, writes of the use of “Copper Sulphate crystals applied gently to the affected surface on the everted lids,” but, he adds, that “in the treatment of the common mixed variety of granular lids at my clinic in the Hahnemann Hospital all other local methods have been abandoned in favor of massage of the conjunctival lid surface every one to three days with powdered Boric acid on the end of the index finger. *Aurum* or *Mercurius corrosivus* is given internally.”

Let us now go to the fountain head, Hahnemann’s *Chronic Diseases*.

Here are some of the symptoms given in that book, as to the effect of *Cuprum met.* on the eyes:

“The orbits are painful, as if bruised, on turning the eyes.”

“Pressive pain in both eyes, as if there had been no rest at night.”



"Pressure on the eyelids, as well with open as with closed eyes, worse when touched."

"Itching in the eyeballs."

"Severe itching in the eye, toward evening."

"Burning pressive pain in the eyes."

"Burning pain as from a sore, now in one eye then in the other."

"Dim eyes, they tend to close from lassitude."

"Obscuration of sight."

In all this there is nothing new save the observation of Dr. Bailey, that there is no trachoma in the regions, in two counties, where copper is mined; the fact, together with the symptoms quoted above, seem to point to *Cuprum* as a possible remedy for this affliction. Give it "low" and persistently for a time, and then "go up" to 30th or 200th is a suggestion made to the writer. However, you have the facts and the proving (in part) above; draw your own conclusions.

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## CANCER

Editor of the HOMŒOPATHIC RECORDER.

Now that the cure of cancer by the internal administration of the Homœopathic remedy is being published in the HOMŒOPATHIC RECORDER, I think I will add my little quota to the sum total.

That cancer can be cured by the homœopathic remedy administered internally is an *indisputable fact*, as I have reason to know from my own experience, and I will give two or three cases, as they occur to me:

In the year 1875 a young lady, about 18 years of age, was brought to me with a cancer in left breast, so diagnosed by two or three allopathic physicians, and drawn out with plasters by one of them, but the growth returned in less than a year and appeared to be of the scirrhus variety, and, while I do not remember the particular symptoms that were present, but they were characteristic of *Pulsatilla*, and *Pulsatilla* in the 30th and 200th potencies cured it in about three months; and twelve years later I had a letter from her father stating that she was married and had two children and that there had never been a sign of it since.

In 1886 I was called to see a lady about 50 years of age who had been suffering for a year or more with a hard lump in her right breast which she had never mentioned before, although I had been in frequent attendance in the family, but it had now become so painful she could conceal it no longer. It was a hard, nodulated tumor, about the size of a turkey's egg, and she complained of it burning like coals of fire. She had also symptoms of indigestion. I gave her *Arsenicum* 30th, three times daily, if my memory serves me right, and the burning was stopped in short order. I kept her on that remedy for a time without any other sign of improvement except entire relief from pain; I then put her on *Ars. iod.* 6x, three times daily, and very soon there was a noticeable diminution of the tumor, which continued till it was about half the original size, when the improvement seemed to cease. I then gave *Ars. iod.* 30th, three times daily, and improvement immediately commenced again and went on to complete recovery. This patient had no further trouble for twelve years, when she discovered another tumor developing in her breast (I don't know whether in the same one or not) and she immediately called on an allopathic physician, who insisted on immediate operation and her breast was removed; from this she did not recover, but suffered intensely for three years and then died. One thing about this case seemed strange to me, and that was that she did not consult me again before submitting to an operation, as I was only seven miles distant.

Another case, cancer of the breast, in 1905, diagnosed by an allopath; operation insisted on. Cured with *Graphites* 6m. No return.

L. HOOPES, M. D.

West Chester, Pa., Aug. 23d, 1914.

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## A CHANGE HAS COME O'ER THE SPIRIT OF THEIR DREAM.

Editor of the HOMŒOPATHIC RECORDER.

Years ago, the allopaths, not all, used to poke fun at Homœopathy, and especially at our homœopathic dilutions and attenuations, calling them moonshine and bottle-washing. They are now not near so materialistic as they used to be; in fact, have

changed very much in this respect; yes, the better educated ones amongst them are quite anti-materialistic, and are talking of "dynamic force," the "dynamics of the drug," and praise Hahnemann to the skies.

Now here comes a very learned scientist, not a physician, in speaking of dust, says: It has been estimated that an average puff of smoke from a cigarette contains about four thousand million of particles of dust. A single grain of indigo will impart color to a ton of water. It follows, therefore, that every drop of this water takes over an immense number of ultra-microscopic particles of indigo.

A few grains of fluoresceine, a substance devised from coal tar, will produce a distinct fluorescence. To produce this result the fluoresceine undergoes, of course, division into countless billions of particles. Almost every substance enters into the compositions of dust.

Street dust shows morsels of iron and steel from the tires of wagons, horseshoes and nails of men's boots, bits of leather from the harness, fragments of wood, cotton, wool, hair, pipes, clay, sand, bacteria, etc.

Fiat applicatis, my Allopathic brother.

WM. STEINRAUF, M. D.

Fort Charles, Wis., Sept. 9, '14.

## **A NOTE FROM DR. E. PETRIE HOYLE.**

Editor of the HOMŒOPATHIC RECORDER.

I have received the following additions for the list of English speaking Homœopaths in Holland, and although the war is upsetting things, I beg of you to publish this list, and advise our colleagues to keep it well in mind for the use of themselves and any travelling patrons, later on.

We are indebted to Dr. R. A. B. Oosterhuis for this list:—

Dr. Bouman, Schoolholm, Groningen; Dr. de Groot, Stationstraat 3, Utrecht; Dr. Bos, Singel 140, Dordrecht; Dr. R. A. B. Oosterhuis, van Baerlstraat 90, Amsterdam; Dr. Wouters, Stationsplein 14, Arnhem; Dr. Tuinzing, Haringvliet 26, Rotterdam; Dr. Voorhoeve, Regentesselaan 27, The Hague; Dr. vander Harst, Almen.

Dr. Oosterhuis feels that it is doubly due to his countrymen to have this list published, as they appear in the former list as poor linguists in that only two are named as speaking English, and he also points out that all the above are in towns generally traversed by tourists.

E. PETRIE HOYLE.

P. S.—Until after the war my address will be, care of Wells Fargo's Bank, 28 Charles Street, Regent Street, London, W.

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### CURING CANCER WITH THE INDICATED REMEDY.

Editor of the HOMŒOPATHIC RECORDER.

Nine months ago the husband of a lady, who suffered from cancer of rectum, came to me, saying, that she had been under the treatment of two allopathic physicians for two years, who diagnosed it cancer of rectum, but told the patient it was fistula.

When I took the case she had been for three months in bed. No movement from bowels save by enemas; every time severe loss of blood followed. Stools come per vagina. Her pains in body were unbearable and death was expected.

*Hydr.* 3x first; much easier.

*Kali carb.* 6x next; much easier.

*Carbo veg.* 30 next; much easier.

Then *Phos.* 30 and *Sulph.* 30, occasionally.

*Carbo an.* 30.

*Hepar sulph.* 5 and, later, *Sil.* 30.

Stools pass through anus now, the cancerous cracks at the place are gone; no pain; no more hæmorrhage, only a little watery discharge from vagina occasionally.

Patient is up, eats and sleeps well and gains steadily.

This case illustrates my "orificial surgery," as I learned it fifty years ago, and have practiced ever since. I could give many other cases of cancers cured with the indicated homœopathic remedy, in the 3x to the 30th potency. Also, of epilepsy, cured by Homœopathy, and not by injections of "Crotalin," as advertised in some homœopathic journals.

J. H. PETERMAN, M. D.

Ardmore, Oklahoma.



## HOMŒOPATHY IN BOMBAY.

Editor of the HOMŒOPATHIC RECORDER.

The Theosophical Society's Homœopathic Charitable Dispensary, 29 Munordas Street, Bazaar Gate, Fort Bombay, India.

Dr. B. V. Rayakar, L. H. M. & S. (Cal.), Medical Officer in charge of the Dispensary, report that during the year 1913-14 there were 3,642 patients who attended the Dispensary, of whom 1,452 were males, 1,517 females, and the rest, 673, were children. The hours of attendance at the Dispensary are from 11:30 A. M. to 1:30 P. M. Std. and the medicines are given free to all. We hope that the public will take advantage of the Late-Sheth Tookaram Tayas Institution.

RAYAKER.

Bombay, June 26, 1914.

## DOES NOT BELIEVE IN ARSENIZATION.

Editor of the HOMŒOPATHIC RECORDER.

I have found Dr. Leach's "Arsenization Method" in different journals. Would like to add a word to yours. I have practiced Homœopathy for thirty years in a malarious part of east Texas. Had hundreds of fever patients with all forms of fever, from chills to yellow and typhoid. I never found *Arsenicum* the first indicated remedy; but often the last; excepting typhoid pneumonia, where *Ferr. iod.* and *Ars. iod.* took the place. *Arsen.* came in with patients who had received other treatment, but *Arsen.* was always *at the end*. It is not worth time and ink to speak of the mosquito; he always, like the fly, goes for the sore!

*Zur Steuer der Wahrheit!*

J. H. PETERMAN, M. D.

Ardmore, Okla., Sept. 26, 1914.

## ADVANCED THOUGHT.

Editor of the HOMŒOPATHIC RECORDER.

Under the head of Personal.

You say, dear reader, how would you define "advanced

thought," or even detect it? Now I suppose you were referring to me individually, as I have mentioned something about ADVANCED THOUGHT in some of the articles that I have tried to bribe you into printing, so as to promulgate an Advanced Thought.

However, I will furnish you with a definition that will define Advanced Thought: For illustration. It is defined thus: To give utterance to an actual New Idea; or an observation as to a positive Fact, that has been overlooked for over 95,000 centuries. That not a single soul, out of more than 475,000 generations, ever conceived or even cheeped the Truth, of CLEAN SUBSTANCES FOR UNIVERSAL MODERN TWENTIETH CENTURY THERAPEUTICS. If this fails to define Advanced Medical Thought, so that you cannot detect it, consult a soothsayer for farther instruction, or take the fourth degree in the Knights of Columbus, in order to strengthen your obligations or your view.

This will furnish you the key of knowledge that will unlock the treasures of hidden Homœopathy for a SYSTEM OF UNIVERSAL PRACTICAL THERAPEUTICS. This explains the future understanding of Homœopathy, and solves the problem: as from whence is it to be reinforced? No, not from the Homœopathic College, but from the lone individual.

Again you speak of something to give people confidence in the only *rational system* of applying drugs. In the language of the highest example, when He said, Father, forgive them for they know not what they do. The *system* may be *Rational*, but Great Jehovah! denounce, decree and condemn, the Satanic selection of Substances, Unclean Articles, and the Method of prescribing them for or instead of a True, Pure, Clean, Curative.

Yes! Theories, one after another, fade away. It is not thus with Modern Facts, and Truths. Do you not know an Advanced Thought now?

Don't publish the truth, it might injure Homœopathy. However, some one will reveal this secret to the world.

T. F. JOHNSON, M. D.

Perry, Iowa.

(Accompanying the foregoing letter was the following paper, which is given so that truth may no longer be crushed to earth, at least, so far as the RECORDER is concerned. Dr. Johnson would it seems, have the nosodes, like the lepers of old, carry a clap-board and cry "Unclean; Unclean!" See the Pentateuch.—Editor of the HOMŒOPATHIC RECORDER.)

**Medicine of the Past and the Present Must Go the Way of Everything that is Mortal. Then Let Us Furnish the Sacred Obsequies, Worthy of Our Last Duty.**

I am just egotistical enough to be proud and bold of the assertion that there never has been a single instance or case of a disease existing since Cain slew Abel, indicating or demanding the use of the Bacterines. Any person is a degenerate, idiotic fool, who will attempt to profer or foist such a desecration upon Practical Modern Therapeutics; instead of or in the place of Clean Substances, such as vegetable products, Minerals and Chemicals.

Just as truly as the Editor of the Therapeutic Digest succeeded in gaining the admission of the Editor of Clinical Medicine, that the Alkaloidal and the whole drug are two entirely different things. So as truly are Clean Substances, and Unclean Articles, absolutely different things, with as great a distinction as the line drawn between good and evil, as that of sin and crime.

That the drugs that are worthy of preservation will be greatly reduced in numbers, it would be wisdom instead of carrying over 5,000 so-called remedies to cut the list down, to be generous, say, fifty. Curatives. W. H. Hanchette, M. D., Sioux City, Iowa, says the wisdom of years is settling upon him. Speaking of the old physician, thus, should it hold good with Medicine. 95,000 centuries equals about 475,000 generations for, during the Dark Ages, Middle Ages, and on up to the 18th Century the inhabitants were much more productive than we are at the present time.

Ingenuity, invention, discovery, comparison, observation, and genuine genius are to furnish the 20th Century with an Event that out-rivals all past record Epoch-making advancements in this line of past medicine. In not simply asking in a whining manner, but fearlessly demanding and commanding the adoption of—shall I say **ONLY CLEAN SUBSTANCES FOR UNI-**

VERSAL THERAPEUTICS. I have decreed it, by the highest, holiest authority, Truth.

“The moving finger writes; and having writ,  
Moves on; nor all thy Piety nor Wit  
Shall lure it back to cancel half a line,  
Nor all thy tears wash out a word of it.”

Permit me to express myself in this crude manner, in likewise regard to the Homœopathic conceptions of substances, found recorded in our *Materia Medica*s under the head of a Remedy or a Medicine. If there is or ever has been an indication for their use: I mean any Unclean Article, I feel free to say that change is the method governing progress. And we require a New Medical Association to do some decent choosing in the selection of Curative Remedies as the Council, and Homœopathy, have utterly failed to satisfactorily fulfill that function. There is nothing more real than imagination. But I am very anxious to prove to the world that any Unclean Substance being used for a Remedy, or a Medicine, is being furnished with a very active imagination.

For from now on to eternity all such hallucinations will not furnish a halo around the head of any deluded soul, or sage, belonging to the distinctive sectarian Homœopathic snobbery. We have all the Knight Templars, Knights of Columbus, Knights of Luther, etc., but we are sorely in need of 150,000 Knights of Modern Universal Medicine: with no Obligation, no Oath, only a plain Duty, established from cruel Facts, that go to make up the foundation of Truth. He that knoweth the truth and fails to reveal it to the world is in danger of total degeneracy.

Newspapers sometimes furnish more than the truth. Medical journals never, never give the whole truth. Why is it thus?

T. F. JOHNSON, M. D.

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### PELLAGRA AND THE SUN CASE.

Editor of the HOMŒOPATHIC RECORDER.

I truly owe you an apology for so long a delay in replying to your request of April 6th. I filed your letter because the case of pellagra was doing splendid and I wanted to follow it to full recovery before reporting.

For this case, a boy of seventeen, living some miles in the



country, I had prescribed Burnett's *Bacillinum* 200. All local skin symptoms cleared up and there was so little discomfort in any way that the father told me that the boy would not return for medicine without being flogged, so he just let him go; I have recently heard from the neighbors that the boy is reported "going crazy."

To-day, when reading the September RECORDER, page 401, "CANNOT STAND THE SUN," this case is brought back vividly to my mind, a blonde, light hair, blue eyes and thin skin, which even in early spring (March) his face was actually swollen, lips swollen and cracked from the action of the sun, also the exposed surface of the hands, below the wristbands; was healthy as a child. This started first on the hands as pimples, hands itch at present, intensely worse at night, in a warm room, and in bed. Skin above wristbands dry, scaly and thickened. Palms of hands sweaty. Cervical glands enlarged on both sides. No discomfort in bowels, though stools are rather thin. A hearty eater, corn-bread composing the staff of life.

I would suggest that you recommend for Mr. C.'s careful consideration Burnett's "Backward—Delicate—Puny and—Stunted Children" for *Bacillinum*, *Psorinum*, *Leuticum* or *Medorrhinum* are longer ranged and higher powered than even *Sulphur* or *Natrum muriaticum*.

WM. L. SMITH.

Denison, Texas, Sept. 24, 1914.

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## SPECIAL ANESTHESIA SUPPLEMENT.

Editor of the HOMŒOPATHIC RECORDER.

Recent years have been marked by some important contributions to the theory and, especially, to the practice of surgical anesthesia, but there has lacked what is now quite needed for the further scientific development of this alongside the other departments of surgery—a journalistic medium and editorial mouthpiece.

The *American Journal of Surgery*, 92 William St., New York, will be expanded to meet this need. Beginning with the October issue and quarterly thereafter, this journal will publish a 32 page supplement devoted exclusively to Anesthesia and Analgesia.

This supplement will be a complete journal within a journal containing editorials, contributed articles and communications, abstracts, transactions of Societies and book reviews.

The supplement has been adopted as the official organ of the American Association of Anesthetists and the Scottish Society of Anesthetists and it will also publish the transactions of other like societies.

The editor of this supplement will be Dr. F. Hoeffler McMechan, of Cincinnati, one of the founders of the American Association of Anesthetists and a charter member of the New York Society of Anesthetists.

He will be assisted by a staff of well known specialists in Anesthesia, among whom we would mention:

Dr. James T. Gwathmey, New York; Dr. Willis D. Gatch, Indianapolis, Ind.; Dr. William Harper De Ford, Des Moines, Ia.; Dr. Charles K. Teter, Cleveland, O.; Dr. E. I. McKesson, Toledo, O.; Dr. Isabella C. Herb, Chicago, Ill., and Yandel Henderson, of Yale University.

J. MACDONALD, JR., M. D.

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### THE NEW HOSPITAL AT POTTSTOWN, PA.

The following account is furnished by Dr. A. Clement Shute:

The new hospital at Pottstown was made possible by the legacy of \$8,000.00 entrusted to her executor, Dr. E. B. Rositer. Dr. William H. Eck made a generous proposition in transferring his large residential property. To duplicate the property to-day would mean \$50,000.00.

The formal opening occurred July 22d. William P. Young, member of the Board of Directors, presided. Rev. C. P. Warner, of the First Baptist Church, and Rev. Stanley R. West, of the Christ Episcopal Church, represented the laity on the formal program. Dr. William Speakman spoke for the doctors. Among the visitors were Drs. Ashcraft, Williams, Palen, Bernstein, Hunsicker and Lane, of Philadelphia; Terry, of Phoenixville; Crowthers, of Chester; Corson, of Collegeville.

The attending staff is as follows:

E. M. Vaughn, Rogersford (5 miles), W. A. Corson, Collegeville (10 miles), H. J. Terry and C. M. Benham, Phoenixville

(10 miles), A. S. McDowell and W. A. Haman, Reading (18 miles), E. B. Rossiter and A. C. Shute, Pottstown, all graduates of Hahnemann, Philadelphia.

Consulting staff:

O. S. Haines, medicine; G. H. Wells and R. R. Williams, medical diagnosis; C. S. Raue, children's diseases; W. B. Van Lennep, H. L. Northrop, G. A. Van Lennep, W. N. Hammond, and R. S. Leopold, surgery; L. T. Ashcraft and W. C. Hunsicker, G. U.; N. F. Lane, gynæcology; H. S. Weaver, ear, nose, throat; W. N. Speakman and P. Tindall, eye; G. J. Palen, ear; W. J. Tuller, nerves; J. G. Wurtz, pathology; R. Bernstein, skin; H. M. Eberhard, stomach; W. C. Mercer, obstetrics, all from the faculty of Hahnemann.—*Journal American Institute of Homœopathy.*

## PLATANUS OCCIDENTALIS, THE "LANCET" OF THE EYELIDS.

By Chas. Hubbard, M. D. Chester, Pa.

*Platanus occidentalis*, Sycamore, Button-wood, Button-ball, Plane tree, is a large tree of a maximum height of about 130 feet. This is not the Egyptian or Sycamore tree of the Bible, abundant in Egypt and Asia, the species that little Zacchæus climbed into to see Jesus when he passed through Jericho, but the forest sycamore tree of Britain and also of North America. It abounds in the streets of London and is generally considered a species of maple. Clark's Dictionary of Materia Medica, edition of 1902, speaks of *Platanus acerifolia*, the tree commonly known as *Platanus occidentalis*, and speaks of its use and beneficial action in cataract and ichthyosis.

In the days of our forefathers in the practice of Homœopathy, *aconitum napellus* was not infrequently characterized as "The Lancer of the Homœopath." This distinguished title was applied to the "Queen of the Polychrests" because of its recognized ability to control congestion and inflammation, thereby preventing the formation of pus and the probable subsequent use of the knife. It is possible that we of a later generation too often fail to appreciate the potent influence of the stately Monkshood.

After several years of careful trial and observation, your essayist presents a brief account of a drug that, presumably, is a stranger to most physicians,—*Platanus occidentalis*.

This remedy was brought to my attention by Dr. Trimble Pratt, of Media, Pa. Somewhere in the musty archives of medical lore Dr. Pratt saw a brief, simple statement to the effect that *Platanus* should be a good remedy for chalazion, and advised its use in the tincture. The results following the doctor's experiments with this remedy were of the most pronounced and gratifying character. His confidence in it grew with its continued use and he now believes it to be practically a specific in these cysts of the eyelid.

Dr. Franklin Powel, of Chester, Pa., has used this drug with considerable success in chalazion.

In Dr. J. Compton Burnett's work on "Curability of Tumors by Medicine" (1903) he states that tarsal cysts were cured empirically by the tincture of *Platanus occidentalis*, and advised its use in five drop doses t. i. d.

It is not my purpose to present a detailed report of cases treated by me with *Platanus*. Suffice it to say that no failures have occurred in my practice, where the exhibition of the drug has been given a fair trial. Simple acute cases, without regard to remote or immediate cause, and also those of the most aggravating and persistent type, have yielded to its magic touch. Old neglected cases, where destruction of tissue occurred and cicatricial contraction caused marked deformity of the lid, have been restored to practically normal conditions. Again, in cases where surgeons of recognized skill and ability have operated many times, covering long periods, with refraction and the general condition of the patient carefully attended to, which nevertheless continued to develop these cystic tumors, have been cured by *Platanus*.

Whatever predisposing or exciting agencies enter into the development or perpetuation of chalazion, it is an almost universally accepted fact that the immediate etiological factor is due to an obstruction of the excretory ducts. However, some writers of recent date hold to the belief that it is an infectious bacterial process and that the chalazion is not a retention cyst caused by obstruction of the ducts of the meibomian gland.



And there are those who claim that this lesion of the lids is purely a local disorder, while others as confidently assert that it is due to some constitutional disturbance. Most writers and practitioners declare that the only treatment is surgical. There are, however, some members of the homœopathic system of practice who affirm that tumors of this character are cured by internal treatment. But it is safe to say, as a general proposition, that the results following the exhibition of internal medicaments have been disappointing. While several well known drugs in our materia medica enjoy a favorable reputation, their rank failures are too common to merit confidence. It should not be forgotten that tarsal cysts do occasionally seem to disappear spontaneously.

In the continued use of *Platanus*, experience may develop special and exact indications for its selection. But its employment, with no proving and no guiding symptoms other than the brief statements above recorded, has been so uniformly successful in all the manifold expressions of this disease that its empirical use becomes permissible and rational. The profession is earnestly urged to give this remedy a fair trial. If faithful and persistently used for several months even after all chalazia have disappeared, most gratifying results may be confidently expected.

Who will institute a thorough proving of this drug?

425 Broad Street.

\* \* \* \*

(This paper, on *Platanus occidentalis*, by Dr. Hubbard, is taken from the August, 1914, number of *The Journal of Ophthalmology, Otology and Laryngology*. None of our homœopathic books, save those mentioned by Dr. Hubbard, have anything to say of this drug—so far as we have seen. Nor do the allopathic or eclectic dispensaries say anything about it. Our ancient friend, John Parkinson, in his *Theatrum Botanicum*, published in London in 1640, devotes about one of his ponderous pages to it. He couples the plane tree of Syria with that of the *Occidentalis aut Virginensis*, but takes his indications for the drug from Galen, and Dioscorides. Confirmatory of what Dr. Hubbard writes these old authorities connect its action with the eyes. They say "there is a kinde of dust upon the leaves,

which every one must be carefull to avoid, that it fall not into their eyes or eares, least it put them to much pain." This strikes us as being a sort of proving. They also state, or Parkinson so credits them, that "the young tender leaves boyled in wine, and the eyes bathed therewith that have either redness or rheumes falne into them helpeth them." Now whether the drug be "boyled in wine," or made in alcohol, amounts to about the same thing so far as its therapeutic virtues are concerned. We asked the pharmacists if they knew what *Platanus oc.* was. "Oh, yes, there are orders for it every now and then, and we always keep it in stock." Assuming that the drug will do what Drs. Galen, Dioscorides and Hubbard say it will, thanks are due to the latter for calling attention to it.—Editor of the HOMŒOPATHIC RECORDER.)

### ANTITOXIN AND DIPHTHERIA IN JAPAN.

The following figures are taken from a paper by Mr. Porter F. Cope—"Proceedings of the International Anti Vivisection and Annual Protection Congress," 1913:

"During the seven years (1889-1895) immediately preceding the introduction of antitoxin, the cases of diphtheria in Japan numbered 30,039 and the deaths from diphtheria in Japan numbered 16,571, making the case fatality-rate about 55 per cent. During the seven years (1896-1902) immediately following the introduction of antitoxin, the cases numbered 112,588, and the deaths 36,356, making the case fatality-rate about 32 per cent. From these statistics Japanese officialdom drew the conclusion that antitoxin had reduced the case fatality of diphtheria 23 per cent., but it really had done nothing of the kind. The figuring-out of a lower percentage of case fatality under the antitoxin treatment was merely the result of a new statistical method, by which all cases of sore throat, however mild, that were subjected to the antitoxin treatment, were classed as cases of diphtheria. Bacteriological tests were substituted for clinical diagnosis, and presto!—the number of cases showed an increase of about 275 per cent., outstripping the increase in the number of deaths by the margin of 154 per cent., and serum therapists deceived themselves into believing that antitoxin was the winner

in the race with death. But the fact was that instead of 16,571 persons dying from diphtheria without antitoxin, 36,656 died from diphtheria with antitoxin, the absolute mortality from diphtheria after antitoxin was introduced increasing more than 121 per cent.!"

These figures were taken from a published Report by the Serum Institute of Tokyo.

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### MEDICAL LEGISLATION.

Our very respectable contemporary, *The New York State Journal of Medicine*, opens a leading editorial, as follows:

Medical legislation in this country has at all times engaged the attention of the most progressive and brilliant members of the profession. They have labored unceasingly year after year in the face of great discouragement to achieve their cherished object—the placing of American medicine in the exalted position it deserves. The success now crowning their efforts is due to their unfaltering tenacity of purpose.

Recapitulation of the long series of attempts to raise our profession from the low estate into which it had gradually fallen would require more space than we care to devote to its presentation at this time.

The question that arises in the mind with a philosophical turn, after reading the quotation, is: How can legislation place medicine "in the exalted position it deserves?" The writer, of course, as you can see from the quotation, wrote "American medicine," but, as a matter of fact, there are several schools of legal American medicine, and the Allopathic school, to which it is fair to assume the *N. Y. S. Journal of Medicine* refers, is the one that is losing patients faster than any others. The aforementioned and indisputable fact leads to the conclusion that without the, also before mentioned, legislation, the exalted position would never have been attained. A man, or woman, clutched by disease, doesn't care a bawbee for "school;" all that interests him is to be relieved from the demon (or bacilli) that has him in its grip. This is a fact that can be confirmed by even Allopathic physicians, when disease gets them. From the foregoing it follows that legislators who turn the whole treatment of disease over to one sect, is doing a very foolish thing even though by so doing one medical sect is exalted. The saving of

human life from that mysterious—and it is that—thing, commonly termed “disease,” is not a matter for legislation, because the biggest medical university in the world does not know what disease is when you get down to hard pan. To be sure they will tack on a name, backed up by bacteriological findings, but they do not know why the bacteria got hold of its victim or, what is more important, what is back of the bacteria.

We were talking to one man recently who, in his day, was one of the “big ones” and he summed up his school by saying that the whole of medicine to-day was “prophylaxis.” Now, effectual prophylaxis involves almost absolute police power, which is something that “the people,” who are most concerned, will not submit to. And, again, why do those doctors who claim to know that unknown thing they dub prophylaxis ever get ill?

Sanitation has greatly improved the public health, surgery has made startling advances, but the *cure* of disease outside of Homœopathy is about where it has always been.

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### MERCURY AND PHTHISIS.

(The following is taken from a paper by Dr. Thos. J. Mays, of Phila., in the *Medical Review*.)

However, when phthisis is viewed from a certain position, it is apparent that the pulmonary affection is but a small part of the whole process of disintegration. In other words, the lung trouble does not, by any means, reflect the degree of the disease which is present in the body, but is merely an index of the ravages which exist throughout its whole domain. In this connection it is of surprising interest to note the close resemblance between the effects which are produced by the action of some of the metallic poisons, notably by that of mercury, and the prominent symptoms which characterize the disease under consideration.

Thus Kussmaul (*Untersuchungen ueber den Constituellen Mercurialismus*) after showing that phthisis is four times more prevalent among mercury workers than it is among the general adult population, he demonstrates that mercurialism presents a picture in the human subject which is a complete symptomatic counterpart of this disease. Among the earliest symptoms of



mercury intoxication are exhaustion, shortness of breath, impaired voice power, tremor, general irritability, cough, expectoration, and oppression of the chest. Then follow pulmonary disintegration, emaciation, rigors, fever, colliquative sweats, dizziness, giddiness, hæmoptysis, pain in the chest and extremities, rapid pulse, diarrhœa, irregular menstruation and amenorrhœa, paralysis, convulsions and death.

The immediate nervous phenomena which are associated with the accompanying pulmonary symptoms are intense headache, ringing and fullness in the ears, flashes of light, the tremors in many instances being more marked in the upper than in the lower extremities, and paralysis and convulsions. It may also be added that women who suffer from mercurial tremor abort very readily, and that their surviving offspring is very susceptible to phthisis.

We have here then presented to our view a more life-like picture of the natural genesis of phthisis in the human subject from inception to its close, and this too through the agency of a single nerve poison, than was ever evoked by inoculation of the lower animals with tubercle bacilli—clinical experiment which demonstrates conclusively that the bacillus only plays a fifth-wheel part in the etiology of this disease.

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### COLLINSONIA CANADENSIS.

*Collinsonia* is a heart tonic acting slowly, but giving permanent results. Good in bicycle heart with *Cactus*, also all functional diseases. In chronic pharyngitis and laryngitis, especially clergymen's sore throats, cough arising from excessive use of voice or cough from heart disease or catarrhal condition of respiratory mucous membrane, also in catarrh of the intestines and stomach. In any passive hæmorrhage without apparent cause, give *Collinsonia* and *Hamamelis*.

Stone Root is one of the old botanic remedies which I feel has been very much neglected in recent years. The Herbalists of England use it largely, but for some reason the present practitioners seem to have put it aside. In a practice of many years I am constantly finding increasing use for it both externally and internally. None of the recent writers, to my mind, give it

proper prominence in their works. I will not repeat what Fyfe, Ellingwood and Scudder say about it in reference to its action at both ends of the alimentary canal. They speak of it prominently for pains in the rectum and for ministers' sore throat. I have found it useful in both these conditions, and I have found it a most useful remedy in all forms of catarrh; in fact, I consider it one of the best mucous tonics in the *Materia Medica*, also always use it as an auxiliary heart remedy. If I am using *Cactus*, *Cratægus* or *Xanthoxylum* the addition of from two drams to a half ounce to a four-ounce mixture seems to increase and emphasize the above remedies. In chronic catarrh of the bladder the addition of *Collinsonia* will increase the efficiency of *Gelsemium* and *Verbascum*.—*Dr. Joseph Dugan, in Eclectic Review.*

## THE ANCIENT AND THE MODERN.

The immodest gait and distinctive attire of prostitutes were as common among the ancients as at the present time. Aristophanes mentions how the prostitute, indecently attired, glides along the street, permitting certain portions of her body to perform undulating movements the better to attract attention and the more certain to inflame the male passerby. In the 4th letter of his first book, according to Bloch, Aristophanes speaks of a popular prostitute who, attired in a purple robe and accompanied by a female slave, proceeded serenely through the city streets unabashed by the attention she attracted. Her body reeked with perfume: her arms were crowded with jangling bracelets.

The prostitute arrogated to herself as a special privilege the accentuation of physical charms and the use of cosmetics. She painted her eyebrows, heightened the color in her cheeks and rouged her lips. The prostitute of ancient Rome even dyed her hair and invariably chose either a blonde or titian shade. Verily, womankind has not changed these two thousand years—nor has man! It is a curious fact that the ancient female styles of dress originated in the *demimonde*.

The ancient prostitutes had special coiffures which were handed down from generation to generation. They used certain colors, blonde usually, for dying the hair, etc.—*Urological and Cutaneous Review.*

# THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

## OUR CONTRIBUTORS.

Dr. Fritz Askenstedt, of Louisville, continues his series of helpful clinical hints, and Dr. Frank Wieland, surgeon, of Chicago, tells the story of an interesting case of fracture of the skull with recovery.

## THERAPEUTIC NOTES.

**"Don't" in Heart Diseases.**—Askenstedt makes the following sensible suggestions:

"Don't permit a patient to suspect heart disease because of a pain in the cardiac region. This may be due to intercostal neuralgia, myalgia, pleurisy, intercostal arterio-sclerosis, over-distension of stomach, mediastinal tumor or abscess, cancer or embolism of lung.

"Don't alarm a patient because his pulse is intermittent. Remember that this may be merely a functional disturbance, and even in cardio-sclerosis it adds little or nothing to the gravity of the case.

"Don't predict approaching disaster because **systolic** blood pressure exceeds 200 m.m. Hg. If the **diastolic** pressure (determined by auscultation) keeps below 100 m.m., the smaller arteries are not extensively involved, the heart is probably not overtaxed, and the patient may continue to live many years."

**Protection Against Malpractice.**—Dr. Emil H. Grubbe, of Chicago, says: "The extra knowledge brought out by means of an X-ray examination is worth a great deal. In bone diseases it localizes the lesion, gives an exact idea of its size, depth and extent, and consequently makes more accurate not only our diagnosis but what is often more important our treatment and prognosis. Even though a practitioner of wide experience and great ability can make fairly accurate diagnoses in many of the bone diseases, the X-ray should always be used to confirm the ordinary

opinion diagnosis. Such procedure offers confidence to the patient and also protection against malpractice charge to the surgeon."

**Fracture of the Skull.**—Dr. Frank Wieland, of Chicago, contributes the following:

The young man in this instance was a colossal youth of sixteen. He was catcher in a game of Sunday base ball. The pitcher, with rare skill, finally succeeded in closing the game by hitting our subject with the ball in the region of the head, just above the temporal area. The boy was picked up unconscious, but regained himself after a time, and was able to go home later in the day. At supper he did not seem quite himself, being given to remarks not in keeping with the Sabbath and a Christian bringing up. The family knew nothing of the accident, and were unable to account for his vagaries. After he became more stupid the cause was learned from some of his friends, and he was brought to the hospital.

There was no evidence of injury. The boy would answer questions, a little thickly, but quite lucidly, except that he put the word "red" into every answer. If I would ask, "Are you better this morning?" he would reply, "Yes—red." "Would you like a drink of water?" he would return, "Yes, cold water, please, red." It made no difference what we asked him, we could not get him away from "red." My assistant, being a man of keen perception, jumped at the conclusion that he wanted tomato soup. He did. He wanted everything to eat and drink, but in this case like did not cure like. He still saw red. I hurried home and changed ties, but even that did not help. There was never any paralysis of motion, never a rapid pulse, or too slow pulse, never a fraction of a degree of temperature. He was kept at rest, given light food, an ice-cap was kept applied to the area of injury, and *Arnica* was given internally. He had good bowel actions, and knew enough to call the nurse, but he did not urinate. He remained about the same until Saturday morning, when he was quite stupid. He would look at me but would not answer questions, would not move his arms or put out his tongue. Even yet we did not feel that it was time to operate, as we had no evidence of actual fracture. We hoped that the injury was only that of concussion of the brain, and that rest would gradually resolve it.



At one o'clock on the seventh day he had a convulsion of frightful intensity. This was followed by two others within an hour and with profound coma. At three o'clock we did a decompression operation. The incision through the scalp revealed a comminuted fracture of the skull. The strange thing was that there was no bruising of the skin and no adhesion of the scalp to the skull. About two square inches of bone were removed, and underneath was a large clot of black blood, quite firm and friable. When the dura was opened to relieve further pressure, a large quantity of pinkish-yellow brain substance ran out, leaving a cavity as large as an egg. Into this a drain was put, the dura was drawn together with fine gut, and the skin closed with silkworm gut.

He was much improved. That night he spoke to his father quite lucidly, shook hands with his friends, and seemed quite normal except for weakness. But during the night the convulsions recurred to the number of seventeen. He became stupid again, the breathing was stertorous, and we began to fear that we were going to lose out.

All drainage was removed with the thought that the pressure of this might add to the irritation. The convulsions continued, but to our great joy they became less frequent and gradually ceased. His recovery was then uninterrupted. There was never any temperature at any time. The wound closed clean. The boy is now as well as ever.

Many things make this case interesting. It does not seem that earlier operation was justified as there was no evidence of actual fracture. He finally lost a lot of brain substance, but up to date seems none the worse for it. The query comes, "What's the use of brains, anyway?"

## CLINICAL URINOLOGY AND RENAL DISEASES.

CLIFFORD MITCHELL, M. D.

**Askenstedt's Tubes.**—For the quantitative determination of indican and of glycuronates Askenstedt, of Louisville, has devised a special tube which shortens the time for the processes required. The tube is graduated for 5, 10, 18, 20 and 28 c.c.

The 10 c.c. indicates the amount of urine to be used in each

determination after interfering bodies have been removed with lead acetate or with corrosive sublimate. Fill up to the 18 c.c. mark with chloroform and to the 28 c.c. mark with Obermeyer solution, when the test for indican is to be made.

For the glycuronate test use 10 c.c. urine (diluted) and 10 c.c. of hydrochloric acid.

By use of these tubes and some experience the quantitative determination of indican by Askenstedt's process as described in *Modern Urinology* can be shortened to about ten minutes.

**The Ratio of Urea to Ammonia.**—We have had much to say about the low ratio of urea to ammonia in cases of the toxæmia of pregnancy and the infrequency of a low ratio in the case of women not pregnant. In several cases of elderly women, however, the writer has noticed that the ratio of urea to ammonia may be lowered even as much as in the case of younger women who are pregnant. But in no case has the ratio in old women been found to be as low as in marked cases of the toxæmia of pregnancy.

**Connective Tissue Shreds in Urine.**—The significance of these shreds has been discussed in *Modern Urinology*. A few small shreds are commonly met with in nephritis, trauma, prostatic conditions, etc. It is only when the shreds become numerous that our attention centers upon them as significant. The **size** of the shreds is of importance. Numerous shreds may occur in cases of calculous disease with hæmorrhage, but there are not likely to be many large shreds. Large shreds and especially numerous large shreds are almost pathognomonic of tumor. The writer recently made a diagnosis of carcinoma of the kidney from observation of these shreds with renal blood cells, in the absence of casts, in urine withdrawn by ureteral catheterization. The diagnosis was confirmed by operation, the kidney being removed with the cancerous mass. The patient was not seen at all by the writer, the urine alone being examined.

**Ethylene Trichloride in the Indican Test.**—On account of the relative cheapness of ethylene trichloride compared with chloroform the writer has advised use of it in the tests for indican in which the urine is shaken up with the indican solvent. On account of a difference in shade of color the ethylene compound is not so well suited to Askenstedt's quantitative determination for

which chloroform should be used. But for ordinary indican testing the ethylene does just as well and can be bought for about one-eighth the price of chloroform.

**Benedict's Test for Sugar in Urine.**—The writer is constantly surprised by the unfamiliarity of the medical profession in Chicago with Benedict's test for sugar.

After several years of use of it the writer has discarded all other tests save fermentation. (One objection, however, is the high price of sodium citrate used in preparation of the liquids.)

The quantitative titration of sugar is always a bugbear owing to the variations in results due to difference in temperature of the liquids.

Benedict in his quantitative method keeps his solution always **at the boiling point**, hence determination can be made with much greater accuracy. The writer when using Purdy's quantitative method finds marked discrepancies in the results obtained and can not rely upon the test. (These discrepancies appear to be due to different temperatures to which the test liquids may be subjected.)

After trial of several titration methods none was found equal in certainty to Benedict's. The only case in which Benedict's is unsatisfactory is when a fraction of one per cent. of sugar only is present. In such cases the end reaction is difficult to detect. (See *Modern Urinology*.)

**Phenolphthalein in Urine.**—Inasmuch as the phenolsulphone-phthalein test for renal function is a fad at present (some think it has come to stay), one should not be surprised in using the Doremus method for determination of urea if the urine in the pipette or side arm reddens when in contact with the alkaline hypobromite solution.

**Detection of Iodine in Urine.**—An infallible test for iodine in the urine is the indican test described as the writer's in *Modern Urinology*. If you want to know for any reason whether your patient is taking iodides test his urine for indican as described. The chloroform extracts a beautiful pinkish substance which completely hides the indican blue.

**Coal Tar Compounds in Urine.**—A fairly reliable test for coal tar compounds in urine is ferric chloride solution, twenty per cent. If a patient is taking these drugs in any considerable

amount, the addition of three or four drops of the ferric chloride to about ten c.c. of urine will show precipitates with colors, as red, or purple. Normal urine merely a yellow. Ferric chloride is hard to obtain. (Order "Iron Chloride, Merck.") It comes in reddish-brown lumps. The solution in water does not keep long and must be made fresh as soon as it becomes cloudy.

When the patient is taking aspirin a marked purple appears in the urine on addition of the ferric solution. Salicylic acid and salicylates taken internally are shown by this urine test.

**"Lithemia" in Women.**—Every now and then the writer runs across a specimen of urine of a woman which is scanty in 24 hours' amount with an excessive amount of uric acid relatively. Since the urine of women normally contains but little uric acid, a ratio of urea to uric acid below 25 to one is almost always significant. When now the urine is scanty and of increased color, one should not be satisfied with a diagnosis of lithemia alone, but should search for a tumor. The tumor may be either an ovarian cyst or a cancer. After the tumor is removed the urine is likely to increase in amount, and the ratio of urea to uric acid becomes normal in time.

**Remarkable Case of Retention of Urine.**—In the last RECORDER mention was made of a case in which tube casts were found in the urine of a man whose systolic blood pressure was below 150. In this case a tumor was discovered which the patient had been conscious of for some months. The man had an enlarged prostate, but inasmuch as he passed urine without use of catheter, and inasmuch as the urine he passed had in 24 hours an acidity of 28 degrees, corresponding to 1.23 grammes of hydrochloric acid in 24 hours, and was of normal odor, free from triple phosphate, even after 24 hours, retention of urine was not suspected. Nevertheless on catheterizing, 32 ounces of urine were withdrawn and this urine, even, was of acid reaction and of normal odor!

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### THERAPEUTIC POINTERS MORE OR LESS CONDENSED.

A woman, aged 40, large fibroid of the uterus; pain, hot flushes, hæmorrhage and many nervous symptoms. The case had persisted under old treatment for years. *Lachesis* restored patient to good health.



Baby, 13 months, eczema since ten days old; fat, sweaty, no teeth, constipated, does not walk or creep. Ointments had driven the disease from one part to another. *Calcarea carb.* made her a well baby.

Young man, sore nose, raw nostrils, stuffed up in a warm room, watery discharge in cold air. Had "cured" offensive foot sweat two years before by external means. *Silicea* cured the nose, brought out the foot-sweat again, and then cured it.

Man, with red, swollen and tender right testicle; pain over course of right ureter, constant urging to urinate, comes suddenly and if not heeded urine will come involuntarily. Patient very irritable. Had gonorrhœa a year previous. *Nux vomica* cured in seventy-two hours.

(These four cases are taken from a paper read at Atlantic City meeting of the I. H. A., by Dr. T. G. Sloan, of South Manchester, Conn., and printed in *Med. Advance*. Dr. S. was once a "regular.")

Dr. H. T. Webster, Oakland, Calif., in *Eclectic Medical Journal*, does not like the "Aftermath of Pituitrin." It is "a powerful oxytocic," but too often, he says, the result is debility, backache, chills, hot flushes, night sweats, bad digestion and other ills.

For nocturnal incontinence of urine in children and for frequency of urination, passing only in drops, in adults, I have given *Thuja* with better results than any other remedy I have been able to find.—*Dr. C. L. Wakeman*.

The man was constipated "something fierce," and also had piles. Nothing did him any good until a Homœopath prescribed *Bryonia* 2x every two hours during the day and *Æsculus hip.* 3x, first thing in the morning, and just before going to bed. Later, the man wrote: "About a week after receiving your letter I was on the point of writing you for more severe treatment. I didn't get to it that day, and, behold, on the next day conditions improved and since that time I have been running on natural schedule." Whether the piles are better the letter doesn't state nor did the doctor tell us, but presumably they are.

Hale says of *Rhus aromatica* that it is almost a specific in catarrhal affections of the nasal passages and the vagina.

In an old journal we see that Prurigo, invariably aggravated by cold and equally relieved by warmth, may be cured by *Rumex crispus*.

Dr. H. T. Webster, of Oakland, California (Ellingwoods' Therapist) has brought forward another remedy for cerebro-spinal meningitis, namely, *Echinacia*. He said other remedies spinal meningitis, namely, *Echinacea*. He said other remedies had failed him, but *Echinacea*, a drachm of the drug to four ounces of water brought through three cases—a teaspoonful of the mixture every hour.

Elsewhere in same journal it is asserted that *Echinacea* in large doses, externally and internally, is "certainly a success" in the cure of anthrax.

"A case of cystitis following confinement, of three weeks' duration. The peculiarities of this case were: Urination every hour or less, with forcing pains as severe as labor itself; these both preceded and followed the act. Urine saturated, excessive, and at times glutinous; hypogastrium very sensitive to pressure, and hot to the touch; cold feet and hands; fever every afternoon, with inordinate thirst; sleepless night and day. These complaints, though of so long duration, were entirely cured in one week by *Cupr. 3*."—Dr. A. W. Woodward.

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## BOOK REVIEWS.

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PRACTICAL HOMŒOPATHIC THERAPEUTICS, Arranged and Compiled by W. A. Dewey, M. D. Second edition, revised and enlarged. 426 pages. \$2.50. *net*. Philadelphia. Boericke & Tafel. 1914.

To begin with it may be said that in this book the theoretical and practical are not jumbled together, but "the indications for the remedies are those born of the experience of the foremost prescribers—the successful men—of the homœopathic school of medicine, and may, therefore, be considered as trustworthy." Now, as "there is no prescribing that will give results equal to the homœopathic prescribing," and as everything of therapeutic value that has come up since the appearance of the first edition in 1901 has been incorporated in this second edition, every

one can see the very great value of this standard work. (The quotations in the foregoing are from the author's Preface.) We may add here that the first edition contained 379 pages, while this one contains 426, an increase of 47 pages.

The book has a complete Index, which is made up of the names of the diseases, each disease being followed by the names of the remedies used in its treatment. The most marked remedies in this index are in black letter type with, of course, the page, or pages, on which each may be found. Following the Index is a list of the authorities quoted. Surely it is a goodly list! Three full pages of names of physicians, from Hahnemann down the line to men of the present day, with pages on which their names occur. These names are given when there is something a little off the main therapeutic highway that is quoted, as, for instance, Dr. M. O. Terry, for olive oil in appendicitis; or, under *Colocynth*, in sciatica,, we are told that it is especially useful in recent cases though Aegidi cured a case of long standing with it.

The therapeutics of this book are something more than recapitulations of symptoms. Here is a specimen, under Paralysis:

"*Gelsemium*. Complete motor paralysis rather functional than organic in origin. It is one of our best remedies in post-diphtheritic and in infantile paralysis. Paralysis of the ocular muscles; ptosis; the speech is thick from paretic conditions of the tongue. Paralysis from emotion. Aphonia, paralysis of the larynx."

In his therapeutics Dewey does not follow the alphabetical plan of placing the remedies under their respective headings, but, presumably, puts them in the order of their importance: thus, in Diphtheria, we find *Mercurius cyanatus* leads the list with over a page of text, followed with *Kali bi.*, *Kali mur.*, *Kali perman.*, *Apis*, *Lachesis*, and so on down to *Ars. iod.*, which "may prove curative for the septic conditions and hoarseness which remain after diphtheria."

There is not a physician, regardless of school, who, being able to diagnose the ill he is treating, cannot become a mighty successful prescriber from this exceedingly *practical* book.

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## EDITORIAL NOTES AND COMMENTS

O., O. AND L. JOURNAL CHANGES HANDS.—Drs. John L. Moffat and A. Worrall Palmer, who, for several years, have conducted *The Journal of Ophthalmology, Otology and Laryngology*, have turned that publication over to Dr. J. R. McCleary, of Cincinnati, who will attend to the business end, and to Dr. Geo. W. Mackenzie, of Philadelphia, who will conduct the literary and editorial department. The RECORDER wishes the new management the greatest success.

DULCAMARA.—Do not fail to read Dr. F. S. Smith's paper on this drug, printed in the RECORDER, this issue. Dr. Smith (of Lock Haven, Pa.) is one of our veteran homœopathic practitioners and his paper, the result of a long experience, is well worthy of a careful perusal. Perhaps some of our readers can send in some confirmatory notes on this too much neglected remedy.

THE GOSPEL OF EVOLUTION.—The following is from an address by Dr. William Bateson on "Heredity," delivered Aug. 14, before the British Association for the Advancement of Science, and printed in the *Lancet* of Aug. 15. It is from his summary: "Somewhat reluctant and rather from a sense of duty, I have devoted most of this address to the evolutionary aspects of genetic research. We cannot keep these things out of our heads, though sometimes we wish we could. The outcome, as you will have seen, is negative, destroying much that, till lately,



passed for gospel." Considering that this concerns "scientific medicine" one wonders if it has been properly named.

THE DUNCAN THERAPY.—Our energetic and enthusiastic friend, Dr. Charles H. Duncan, is a sort o' literary dynamo, for, in one of our exchanges, a little journal—*Practical Medicine*—published at Delhi, India, we find another communication from him concerning his "auto-therapy," or, each man his own drug-store. Here is a clipping from it for the benefit of surgeons:

*"Treatment of Fresh Wounds.*—The writer discovered this method of preventing purulent infections by observing the dog lick and cure his sore foot. Too great publicity among physicians cannot be given to this simple therapeutic measure. Homely it may appear, but in therapeutic value it surpasses anything that modern medicine and surgery has given us for this condition. Too often we hear of physicians and surgeons infecting their hands during an operation or autopsy. If the physician will remember then and there to suck the wound and suck it afterwards whenever there is irritation in it, there will be no more deaths from this cause." Perhaps the fundamental of auto-therapy is back of a baby sucking its own thumb.

THE SPECIALIST IN HOMŒOPATHY.—"I have already referred to the class of homœopathic physicians who is a homœopathic purist or specialist. He is not distracted in thought or treatment by external applications, surgery, or extra therapeutic measures. His advice as a specialist in chronic disease is sought, as a rule, when other measures have failed, where the cause has been diligently sought for and, if possible, removed, where the nature of the disease has eluded the microscope, the knife and the test tube, but where the patient still suffers from a malady obvious or hidden from which he cannot get free. That is the principal sphere of the homœopathic purist. It is his to know his materia medica and how to use his repertory. If he makes himself thoroughly at home in this department and acknowledges that others must be allowed to do what they can in removing causes, or using accessory measures, then we still welcome his special knowledge of homœopathy and allow that

he has a great and responsible work before him—that of using drugs on the pure lines laid down by Hahnemann.”—*Dr. James Johnstone, in The British Journal of Homœopathy.*

If patients would seek these specialists as a first, rather than a last resort, it would be better for them. Also (low and modestly be it spoken) if some of these specialists could break away from their, to some, extreme water dilutions and use only actual *potencies* made by Hahnemann's “twelve” powerful strokes, and with alcohol as a menstruum, and at times, and in cases, even the *ix*, the public might take to them more.

A JOKE OR THE A. M. A.—“Among the questions given by the Ohio State Board of Examiners in ‘materia medica and therapeutics (homœopathic)’ we find this interesting specimen. Question No. 4. ‘How much morphin would you inject hypodermically in a child under 18 months old?’ What in all the world has this to do with an examination in homœopathic materia medica? We do not know of any condition that will require at any time in an infant 18 months old hypodermic injections of morphin. Possibly the examiner expected a similar answer. We hope so.”—*Pacific Coast Journal of Homœopathy.*

A HANDICAP ON MANUFACTURERS. The London *Lancet*, writing of England's dependence on Germany for drugs and chemicals and of the possibility of making them in England, says:

“Before we can take over manufacturing drugs ourselves on any scale certain facilities will be needed, and one in particular will be the relief of the duty on alcohol when used for manufacturing purposes. This tax has heavily handicapped English manufacturers in the past, and its removal should now appeal to our Government. The great progress made in Germany in the manufacture of drugs and fine chemicals has been due largely to the abundant supply of alcohol for use in the great refining and recovery processes concerned. The removal of the duty on alcohol used for manufacturing purposes is, we think, bound to be the first step when contemplating the manufacture of drugs in this country on any appreciable scale.”

This is equally true of the United States; in fact, the case

is even worse in this country, where a considerable number of persons want to even prohibit the distillation of this agent so essential in the manufacture of many things needed by civilized man.

DIAGNOSIS.—In a paper headed "Cystitis: An Over-Worked Diagnosis" (*Urologic and Cutaneous Review*) Dr. Abraham Nelken, of New Orleans, opens up as follows: "To the snap diagnostician, all obscure fevers are 'malaria,' pains are 'rheumatism,' skin eruptions are 'eczema,' and any departure from normal urination or from normal urine is summed up under the all-inclusive diagnosis—'cystitis.'" All this suggests that every physician should have a good work on hand on diagnosis—and read it occasionally. And, apropos, we can say that a work by a homœopathic physician, Dr. Bartlett, is the latest and, we believe, the best on the subject.

THIS IS A FACT.—"At this day the study of therapeutics has given way to the technique of the knife. Drug study has been almost entirely abandoned in the colleges under the diction of the A. M. A. Their students launching themselves upon the field of medical practice are entirely ignorant of the therapeutics or the laws governing the administration of drugs. They pin their faith to the knife and some half-dozen remedies, mostly narcotics. What is the result? Too much surgery, too high a death rate and too much misery and uncertainty. When a man finds that one of his family has pneumonia he is at a loss to know who to run after, the doctor or the undertaker. If he gets the former he is almost certain that he needs the latter before the scene is closed. Had this student dug deep into the study of drug action and obtained a working knowledge of some five hundred important remedies his work would have been crowned with a degree of success that would have intrenched him in the confidence of the family so that no Christian Scientist could have ousted him. No osteopath with his thumb-digging, rib-punching gymnastics could drive him from the family. To-day this class of physicians are setting up a mighty howl and are asking for laws to down their competitors, and further laws to compel the people to employ them, whether the said people

want them or not."—Dr. E. R. Waterhouse, St. Louis, in *Eclectic Medical Journal, California*.

"THIS POT POURI."—Dr. E. Fish, of Milwaukee, takes a "Glance at Prevailing Symptoms of Medicine," in the *Wisconsin Medical Recorder*. After the first glance he says: "Notwithstanding this pot pouri of system, sickness is on the increase. Are pathology, bacteriology, microscopy responsible? I think so. Did we not know so much about these things, sickness would soon be on the wane. It is the picture constantly presented to the mind by the microscope, the medical profession and the public press that to-day is responsible for nearly all sickness. So long as we read medical books and newspapers which depict disease and harbor diseased thoughts in our mind, we will be sick. And this we call progressive medicine. Figures made of wax to show the ravages of tuberculosis of the lungs, cancer, small pox, syphilis and steel cut in the paper to picture lame backs, ulcers, sore eyes, etc., all tend to impress the mind, and I say, that no matter how much you argue that this is not so, it plays an important role, if indeed it is not the sole cause of disease and sickness." Homœopathy is "nothing but mind," he claims elsewhere, yet in a case in which he apparently used it—*Digitalis* in "divided doses," the patient promptly recovered. "Now what was this but mind, suggestion?" With due respect to Dr. Fish we would say it was medical *science* apparently accidentally brought into action.

MODERN DRUGS.—In a recent pamphlet issued by one of the most reliable of the big drug houses is an account of a new remedy for epilepsy, that is fairly representative of the laboratory products of the day. In brief, and as given by its proprietors, this drug will keep epileptics quiet if given every day, but we are told that when it is discontinued the attacks recur, frequently, "with greater severity." It seems that the tenor of modern medicine is but palliation and prevention: if the patient wants that obsolete thing, a cure, he must seek a physician who knows Homœopathy—a most excellent thing to know, and the biggest thing in medicine.



## PERSONAL.

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"The cautious seldom err," said Confucius. Don't you believe it, Confucius!

If you haven't many clothes you have no use for many moth balls.

"Knowledge is power," wrote Bacon, but *you* know how difficult it is to make others acknowledge it of yours.

Oh, ye gods! They say Hamlet was "a sufferer from the gouty or lithæmic diathesis."

"You remind me of Scotch," said wife to husband, returning from the —links.

"Many a man on the stage aspires to be an actor," remarked the old, time worn manager.

Man, even great scientific man, cannot alter a law of nature in the slightest degree

Europe will have more ruins than ever for the American tourist to gawp at.

At any rate a rolling stone is not a mossback, said our Claude.

"Phonographs, pianos, fiddles, crying babies or barking dogs are not in it with the whistler as a nuisance."—*Ex.*

There are as many and varied cures for seasickness as there are for warts.

The Ohio Medical Board is now going after the specialists to regulate them.

They are "educating the people of Oregon in venereal prophylaxis" according to an esteemed contemporary.

To protect the public one N. Y. doctor wants the fluffy manicurists "regulated" for he says they do "minor surgery."

A Wisconsin marriage was stopped because the physician demanded \$15 instead of \$3 for the "Wasserman test."

What would happen if they tried to prohibit hat pins in a suffragette state.

The one thing that is never popular is taxation

"I have had a trying day," remarked the weary but punning judge.

The sage Claude remarks that the town cut-up doesn't necessarily become a surgeon.

They say that, grammatically, a man cannot have "two alternatives," but only "the alternative."

"Money talks"—as many a man who has "married money" has discovered.

A "Zeppelin" is decidedly an "over-man."

The *Wall Street Journal* thinks it is well that only our Treasury receipts are falling.

# THE HOMŒOPATHIC RECORDER

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## RADAM: THE A. M. A. AND THE LAW.

Radam, of "microbe killer" fame, is in trouble again, or to be more exact, his remedy is, for, we understand, the man himself has long since gone the way of all flesh. Years ago the RECORDER printed something, perhaps flippant, about his "killer," and received an earnest letter from him defending it. About that time Dr. C. E. Fisher visited the Quaker town. He told us (as we remember) that Radam was an old neighbor of his down in Texas, a gardener by trade, or profession, or occupation—as you prefer. Just then the germ or "microbe" was in its glory, and then the "regulars" were in full cry after "germicides" or "microbe killers," which were to free us from all physical ills caused by microbes; and as every ill was caused by them, the true "microbe killer" was an approach to Ponce de Leon's Fountain of Youth. All that was quite as "scientific" as is whatever is current to-day.

At this time Radam was much excited over the advancement of medical science. He was possessed by the belief that a certain prescription was the key to the whole situation; that it would cure all human ills. The prescription as we recall it was sulphurous acid and spring water colored with red wine. Perhaps he read in the United States Dispensatory that:

"Sulphurous acid is a powerful antiseptic and germicide, arresting putrefaction and other fermentations by killing the organisms which produce them."

Be all that as it may be, Radam—so the report goes—put up jugs of spring water containing a little sulphurous acid, etc., and started out to cure the world, backed by science as she was then spoken and as he understood it. He was not long without testimonials galore, and presumably made money, for he branched out, invaded the big cities and advertised.

We thought the "killer" had long since gone the way of the medicine of twenty-five years ago, when the *Journal A. M. A.*, of Oct. 17th, in its legal reports came out with an account of a trial held presumably in Minnesota in which it was concerned. The *Journal* writes of the U. S. Dispensationer's "antiseptic and germicide" as "this wretched fraud," *i. e.*, the "killer." Concerning the trial we quote:

"In this instance, the claimant, D. W. Ham, of Minneapolis, fought the case in the courts. The matter came to trial before an intelligent jury, whose understanding of the case was not befogged by the specious arguments of those who were defending the fraud. The jury returned a verdict in favor of the Government's contention that the stuff was falsely and fraudulently misbranded and the court adjudged it condemned and forfeited, and ordered the stuff destroyed by the United States marshal.—[*Notice of Judgment*, 3004.]"

Now, as the cost of the stuff is chiefly the cost of the jug there was not much loss involved. How it was branded so as to be "misbranded" is not stated. Presumably the Radam Co. can go on making the stuff and the *A. M. A.* can bring suits *ad lib.* Referring to two previous suits the *Journal* account says:

"Both of these cases against Radam's Microbe Killer came before the Supreme Court's decision on the Food and Drugs Act, which held that, as originally passed, the law did not refer to curative claims when it prohibited 'any statement . . . which shall be false or misleading in any particular. . . .' This decision, it will be remembered, so seriously weakened the law as to call forth a Presidential message urging an amendment that would specifically fill the gap discovered by the Supreme Court. The Shirley amendment was the result. This declares that a product shall be considered misbranded 'if its package or label shall bear or contain any statement, design or device regarding the curative or therapeutic effect of such article, or any of the ingredients or substances contained therein, which is false and fraudulent.'"

From all this it seems that in condemning the Radam mixture our esteemed "regular" friends are condemning their own science as "false and fraudulent" so far as germ killing is concerned. In an advertisement in the same issue of the *Journal* the following is found. Of a certain drug it says: "Its effects in eradicating germ-produced diseases have been proved." Radam claimed to kill the germs, while this latter day and by the council endorsed stuff eradicates germ diseases. It looks as if Radam had the

best of it for he claims to kill the "cause," while the other only removes the effects which, of course, the germs can produce again if they are not killed.

The RECORDER is not defending Radam or denouncing the A. M. A., but merely pointing out the obvious fact that they both seem to be in the same boat. For if the claims of the above mentioned advertisement are not "false and fraudulent" why does the Council keep the composition of this most important discovery of modern times concealed from the world? It is very doubtful if Radam's Microbe Killer will kill germs; it is also equally doubtful if the remedy advertised in the *Journal* will eradicate germ diseases, yet the one is denounced and the other endorsed.

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## SHOULD THE HOMŒOPATHIC PHYSICIAN BE A GOOD DIAGNOSTICIAN?

By Walter Sands Mills, A. B., M. D., Professor of Medicine, New York Homœopathic Medical College and Flower Hospital.

Should the homœopathic physician be a good diagnostician? I can answer that in one word, YES.

We sometimes hear it said that to be a good homœopathic prescriber all that is necessary is to know the materia medica; that the diagnosis makes no difference. That is true only in part. If making a prescription was all that was necessary in treating the sick that might be nearer true. But a prescription is not all that is necessary. The general care of the patient is quite as necessary, sometimes more so than the prescription. Let me illustrate.

A good many years ago I had as a patient a child about two years old. She was cross and fretful, did not sleep well for a night or two, seemed to be feverish, and was altogether like a *Chamomilla* patient. She was the only child of fussy parents, and I had to see her twice a day. I inquired about the food, I inquired about the stools, I listened to the heart and lungs but got no help from any of these things. On the second day the axillary temperature was 103. Other symptoms did not correspond. To make sure I tried a second thermometer under the



other arm. The temperature was about 100°. Then I changed thermometers with the same results as regarded the axillas. Then I looked under the arms and found a well developed boil under one of them.

Another case that I have often referred to. I was called in consultation to see a young man with typhoid fever, plus a cough. Careful examination revealed the fact that he had pulmonary tuberculosis; he did *not* have typhoid fever. Here was a case where the prescription did not need to be changed, but the general care of the patient required to be completely reversed.

Another mistake of my own. A patient was brought into the hospital with a temperature of 105°. The history was not clear. I examined him and I said I suspected pneumonia. Next day the temperature was normal. Then I thought perhaps instead of a beginning pneumonia that I had one that had reached the crisis, and so expressed myself. But next day the temperature was up again. It was a straight case of intermittent fever. Not only the general care of the patient, but the remedy was different in the two diseases.

A case was sent into the hospital by another physician with a diagnosis of typhoid fever. It was a straight case of pneumonia before going too far in treatment.

A patient was operated for appendicitis. It proved to be a case of typhoid fever. The man got well, and when it was all over perhaps he was fortunate in having had a possible appendicitis in the future eliminated. But the operation was a considerable addition to the severity of his typhoid at the time.

I know of an obscure case that was operated for a possible tubercular peritonitis. The abdomen was found to be normal. Later autopsy revealed a septic endocarditis.

And so case after case might be cited to show the need of a diagnosis before going too far in treatment.

A diagnosis is merely the totality of the symptoms. The subjective symptoms of typhoid and of severe pneumonia may be alike, but unless you know that one has ulceration of Peyer's patches and the other has a consolidated lung you cannot treat your case properly, prescription or no prescription.

And don't rely too much on the microscope and the laboratory for your diagnosis. The clinical thermometer and the stetho-

scope are quite as valuable as either, if not more so. Learn to know a sick patient when you see one, cultivate your eyes, ears and fingers. The great physicians of the past were keen observers. The graduate of to-day tends too much to the mechanical in his use of the so-called instruments of precision, his microscope and his laboratory tests. He is too mechanical, too much of a scientist and not enough of an artist. I might paraphrase that by saying that there are many good draughtsmen who can draw plans for buildings that will shelter people, but few great architects who can make their buildings beautiful.

## BIOCHEMIC RADIOGRAPHY.

By Eric Graf v. d. Goltz, M. D.

A correct terminology requires that the homœopathic and biochemic dosage and also the intravenous and hypodermic injection of a soluble salt of radium must be called *radiography*, as also the use of the different rays of radium.

The employment of the X-rays logically can only be called *actinography*.

*The term radiotherapy leaves it in doubt whether radium or X-rays are used.*

From the *onomatology*, that is the correct use of *technical words*, the following introductory remarks must be made that the reader may readily understand some strange looking words in the present paper.

In truth, the writer cannot understand why, in medicine more than in any other science, *ungrammatical, ridiculous, hybrid nouns, concocted by men without any knowledge of Latin or Greek are used*. Dr. A. Rose has fought and is still fighting with great success for acceptance of a *correct medical nomenclature*. Therefore, the writer asks the natural question: *Why shall the homœopathic physician not join hands with all those who believe that the language of a physician shall be correct and refined, stripped of all barbarisms and ridiculous vulgarities; nay, even ridiculous obscurities sanctioned only by time, usage and mental laziness?* As often as necessary the author shall in brackets explain the correct and new terms so that the reader shall feel no inconvenience.

## I.

In the whole field of medicine during the last decades hardly a second topic has appeared of greater general interest than radium.

The starting point for the present essay was taken from Dr. John H. Clarke's clinical work on "Radium as an Internal Remedy," from the chapter dealing with carcinomatous diathesis (carcinosis), so completely neglected by nearly every other writer on the remedy in reference to its internal use.

Partly urged by the writings of the late Stacy Jones, a note in Dr. Wood's "Textbook of Gynæcology," on page 708, and also by a passage in Dr. John H. Clarke's "Dictionary of Materia Medica," Vol. II., first part, page 523, the writer has experimented largely in the last year with *the hypodermic application of the biochemical remedy* to observe if possibly there existed a congruent or incongruous reaction between the hypodermic and the administration of the remedy per mouth.

It might be supposed, *a priori*, that the reaction would be identical; in this case the objections against the hypodermic use would be right and the hypodermic use of remedies could only be called an objectionable and foolish toying. Radium has proved to be quite a different medicine per os and per injectionem; why it is so has not been found completely to the writer's satisfaction. This remarkable behavior must be regarded as some peculiarity of radium, and it may be that this specific quality must be regarded as a diagnostic reaction. This observation of the writer must be taken as a cause for the following practical rule "*to use radium hypodermically, if the expected reaction from the administration per os, based on the most faithful observation of all the rules for the use of radium, does not occur.*"

The author, therefore, would advise for the advantageous use of radium not only to be familiarized perfectly with every possible symptomatology and clinical experience but especially with Dr. Clarke's book.

The peculiar difference at times in the two named applications of radium has caused the writer of this paper to believe that the difference of reaction must be accepted as a conclusive proof of a carcinomatous diathesis and of a later somewhat to be ex-

pected cancer in the patient before even the so clamorously ~~stated~~ *microscopical proof is possible.*

In nearly every case of reaction the writer was able to ~~extract~~ *from the patients data of a series of cancers in the family.*

Generally the too formidable intravenous injections of radium have prevented others from observing this reaction; only ~~one~~ *observer mentions a possibly similar, and so more puzzling and formidable, reaction from radium injection of a small dosage.*

The positive cancer diagnosis in the patient will show mostly under the following picture: *"In twenty-four hours the place of injection begins to be painful, the arm (injected) seems to be paralyzed; in the next forty-eight hours the seemingly alarming paralysis spreads out into all the extremities; all those symptoms disappear up to seventy-five to eighty hours after the injection."*

This reaction was observed in a very high degree in one patient receiving this radium injection for many points of hereditary cancer predisposition. The patient was suffering from amebic dysentery, had been operated and treated in all manners but without any result.

By this injection the twenty daily evacuations were quickly reduced to three per diem. This reaction cannot be explained. This seeming curing effect, good only for ten days, can and must be regarded as proving a cancerous diathesis (at present time in a dormant state) in the patient.

The patient received the radium injection as a single preparation, making the constitution ready if possible to respond to other treatment, exactly as *Sulfur, Opium . . .* and other remedies have been used by the most prominent homeopathic authorities in similar cases when not responding to the most carefully selected treatment.

In this patient the so highly valued emetine injections repeatedly used by former physicians attending this case, and also by the writer, have proved completely inert.

Regarding the injections of *Radium bromide 12x*, the writer desires to make some comparisons with the publications of Drs. Cameron and Proescher, of Pittsburgh, Pa.

Dr. Proescher writes in regard to the difference between large and small doses of radium, remarkably endorsing the actual small



doses of the writer (12x): "*It is striking to note that the case injected with only 40 micrograms showed the highest increase of the red cells.*"

Dr. Cameron in a paper read Sept. 23, 1913, comments on the difference of action of radium in the different applications, "*being at first negative and finally gave positive results from the injections.*"

For the reader's comprehension the writer believes the following remarks necessary:

One microcurie = 2,700 m. e. (units) of radium (considered as element), its actual weight = 0.006 milligrams.

If it is further considered that laboratories like that of Madame Curie produce radium bromide [ $\text{RaBr}_2 \cdot 2\text{H}_2\text{O}$ ] mostly containing 53.6 per cent. of the element, and, if further, it is considered that the observations here mentioned were made with a product of Madame Curie's laboratory of guaranteed 4,000,000 units, though it must be said that the original body must have had the very highest quantity of microcuries possible, of which the 12x has been used. It will now be clear why the photographic experiments up to 30x and 60x were so surprisingly clear, to say nothing about the sharp pictures taken with 12x and lower triturations.

Any reader interested in the quality of his radium preparations (if not same as that used by the writer) can quickly find out with the photographic experiments with 12x, 30x and 60x of his preparation, comparing the pictures with those made with the writer's radium bromide (4,000,000).

## II.

Shortly after the appearance of Dr. Dieffenbach's article on his radium preparation, August, 1911, the writer began to study the radiography of medicinal springs like Gastein, Kissingen and Carlsbad, and came to the conclusion by comparing Dr. Dieffenbach's symptomatology with those in T. F. Allen's *Encyclopædia* of the named spring waters *that the lack of radium in whatever form constitutes the difference between an artificial and a natural sprudel salt.*

The claim that the radium (of whatever form) of bottled spring water is lost in short time, and cannot longer be proved to

be present, *seems not to hold good in regard to the desiccated salts, of which the provings as referred to were made.*

The writer's claim for the radium (of whatever form) preserved in the desiccated sprudel salts—possibly from actual molecules of radium bound up in the salts—must be found in the remarkable fact "*that the greater part of Dr. Dieffenbach's recorded symptoms of his radium preparations are identical with recorded symptoms under Carlsbad, Gastein and Kissingen in T. F. Allen's Encyclopædia, not only similar in construction of phrases but sometimes put in exactly the same words.*"

To this same conclusion the reader will come when the comparison will be made between Dr. Dieffenbach's radium symptomatology and those of Carlsbad, Gastein and Kissingen in Dr. John H. Clarke's Dictionary of Materia Medica.

All those interesting and highly surprising facts stimulated the writer's curiosity, the more so as radium from the point of biochemistry, as referred to at different occasions, not only as a homœopathic, but a *legitimate biochemical remedy*, kept the undivided interest, the more so as the writer heard from different places, and from many brilliant prescribers, the most emphatic complaints that with all its symptomatology *radium proved to be in practice quite unsatisfactory.*

The writer had in the beginning of 1910, while preparing his first article on radium (chloride 3,000 m. e. or units), the vague conception that *radium was working differently from any other substance, and was, therefore, to be used out of the common.*

It is, therefore, explainable why *results of this radium chloride 3,000 tally so surprisingly with Dr. Dieffenbach's radium bromide 1,800,000-2,000,000 symptomatology.*

Somewhat more than this remarkable fact will be explained if the reader will consider for one moment the following facts:

The best radium bromide =  $\text{Ra Br}_2 \cdot 2\text{H}_2\text{O}$  contains 53.6 per cent. radium element, where radium chloride (anhydrous) as  $\text{Ra Cl}_2$  contains 76.1 per cent.

The reader further never must forget the fact that no radium bromide, nor any other radium salt, has appeared in the market, which did not contain at least 0.7 per cent. barium.

Madame Curie, Gray, Sir T. E. Thorpe, Sir Wm. Ramsey, O. Brick, etc., etc., . . . have prepared infinitesimal small quan-

titles of nearly (?) absolutely pure radium salts, but for own experiments.

Regarding the strength of the writer's 12x (mostly used form) the following note will have some interest: Not long ago it could be found in an allopathic journal that a writer was in the habit to use a radium preparation as strong as the millionth part of 1/1000 of a milligram:  $0,000,001$  divided by  $1,000,000 = 0,000,000,001 = 12x$ .

The often found phrase, "*Radium bromide, which is the most active of the radium salts,*" must be corrected, as the bromide salt is the *weakest from the percentage of element (Ra) contained*.

In the following table the reader will find:

Radium carbonate = 79 per cent. radium element.

Radium chl. anhydrous = 76 per cent. radium element.

Radium sulfate = 70.2 per cent. radium element.

Radium chloride hydrous = 67.9 per cent. radium element.

Radium bromide = 53.6 per cent. radium element.

The two chlorides and the bromide are the only, in water, soluble salts.

The writer has used to this day nearly exclusively radium bromide 12x (4,000,000) since the preparation was put on the market.

So soon the writer in his biochemical treatment reaches the dead point as sometimes, it seems that the remedy suddenly has become inert, the experience has shown that one or two doses of radium in either form will reconstitute the power of the treatment.

This paradoxical behavior of radium can be explained by Dr. Charles H. Duncan's differentiation between a homeopathic and an identical remedy.

As now, in the tissues and blood, radium and its phenomena have been proved, and as it has been even claimed that a disordered and unbalanced location of radium in the tissues is one of the causes of cancer (W. S. Lazarus-Barlow, London, England), so radium lately, by the writer, has been used in the sense of Dr. Ch. H. Duncan, as an identical remedy like one of the powerful autogenous preparations *partly curative, partly clearing up unclear pathological processes without forcing the physician to prepare the individual remedy in each case*.

As an illustration for this statement the following clinical observations may serve:

1) A man of 53 years, seemingly in the best of health, suffered from time to time the most excruciating gastric pains. Habits, appetite and all organic functions were perfect. The best selected remedies only temporarily or not at all brought relief. Finally, so to say, in desperation, 5 grains of radium brom. 12x (4,000,000) were given. All pains disappeared in a very short time and have not yet (more than five months) reappeared. The patient was not quite sure of having heard in his childhood tales of cancer in the family.

2) Another interesting clinical illustration is contained in the following case: Mrs. R., 39 years of age, had been suffering from indigestion more or less her whole life. Patient lately for a whole year had suffered from terrible cramps, coming at first once or twice per month, but now two and three times per week. Her attending physician, after having exhausted the resources of his allopathic armamentarium, told Mrs. R. to have an operation performed for gall stones. As the writer was called February 22, '14, the first time patient just was over an attack, which was the fourth in a week. The attacks from Mrs. R.'s description appeared like a vise-like cramping of the whole abdomen, which would be relieved so soon as copious vomiting and defecation would ensue, with much gas. The writer's diagnosis was gastritis.

The biochemic treatment in this case proved no better than the allopathic. The attacks, all in all, were the same in every way. February 27th, called at 3 A. M. The family furnished the writer quite unwillingly with the following data: That in Germany the mother and one sister had died from cancer, and that not long ago, shortly after an operation for cancer in the clinic of the Mayos in Rochester, a brother of Mrs. R. had died also.

Immediately a hypodermic injection of rad. brom. 13x liquid 4,000,000, was made—2 c.c. (15 drops dissolved.) The continuous cramps slowly vanished.

May 24th patient had a very slight attack—again 2 c.c. injected. This was the last attack [three months ago].

Up to the present moment patient feels perfectly well.

Those two cases show most prominently the fact that in a



strict symptomatological sense neither after Clarke, Dieffenbach, Dr. Sparks, of Kansas City (compare RECORDER, June, '14), the benefits of radium could have been given to those two sufferers.

The clinical use of radium as rad. brom. 12x (4,000,000) by the author in addition to the publication in December, 1910, must be named first in neuritis.

Repeatedly the writer could observe the most prompt and permanent cures by radium in from two to four injections. *It must be emphasized that the internal use of radium is nearly inert in neuritis.* The writer was only able to find in the whole materia medica one parallel instance. Dr. Deane, in India, observed during the plague epidemic, 1899-1900, that the fresh virus of cobra di capello, hypodermically, worked prompter and better than by the mouth.

The same must be said in cases of oothecalgia [pain in the ovary. In antiquity the organ of the eggs was unknown, ovarium here means deposit of eggs, algæ, is Greek for pain. To combine Greek and Latin in one word is monstrous. For ovarium the Greek term is ootheke combined now with algæ = oothekalgia, a normal and correct expression].

Locally and internally, radium brom. has been used nearly as a specific remedy in eye diseases, especially in epipephykitis [to use the word conjunctivitis is exactly as ridiculous as the statement of one professor of bio-chemistry, in London, England, that every disease ending in "itis" may be cured with *Ferrum phosphoricum*.]

To demonstrate the importance of radium preparations in the daily life of a physician the following case of valvular disease of the heart, after repeated attacks of rheumatismus (so dangerous in a child), is given completely, with the special desire of pointing out that the words of Dr. John Clarke, characterizing *Pyrogenium* in its unlimited usefulness, "when once the idea of its essential action is grasped an infinity of applications become apparent," as fully covering the homœopathic and biochemic radiography of to-day.

July, 1911, the writer was called to Paterson, N. J., to see a patient suffering from heart disease after rheumatismus articulosum. M. G., a girl of 10 years, having had repeated attacks of rheumatismus. The patient was given up by her former physicians, as nothing could be done further for her.

At the writer's visit at her home the child was found suffering extremely from all the subjective as well as objective pathological symptoms of valvular heart disease, the area of percussion was enormously enlarged to the left side, the auscultation gave at the apex a very loud blowing systolic sound. The very emaciated body of the child was racked by the tumultuous action of the heart. The frequent vomiting seemingly was the reflex of the heart action. The temperature was high,  $102^{\circ}$ , as the parents said, sometimes going up to  $104^{\circ}$ . Pulse, 120 daily. Patient was put on *Magn. phos.* 30th, to be alternated with *Ars. iod.* 30th, every three hours.

This medication was given *ut aliquid fiat!* *Magn. phos.* could perhaps modify the reflex vomiting, and *Ars. iod.* was directly indicated by the fever from possible ulcerative endocarditic processes. The prognosis seemed absolutely hopeless.

The report in fourteen days by the parents was so surprising that the whole improvement seemed like a miracle. The great factor seemed to be that after using the medicines for five days the temperature definitely became normal. The same medicines were continued. Under such continuing conditions the treatment remained the same for four weeks, when the patient, still in a very weak state, was brought to my office.

Examination revealed, of course, all the mentioned findings of the first examination; only one fact was evidently changed, namely, the extremely painful and tumultuous action of the heart had been reduced to 9/10 figuratively. The painful and exhausting vomiting was but little improved.

As the great expectations from the report had not materialized, it seemed that now was the time to change the medication.

Having observed in rheumatismus the great power of radium, the writer thought it logical to bring the patient under the influence of radium brom. 12x (4,000,000). Radium brom. 12x and *Magn. phos.* 12x to be alternated every three hours was prescribed. The parents were instructed, in case of improvement, to lessen the frequency more and more of the two remedies until at last radium brom. would be given in the morning and *Magn. phos.* only at night. The writer did not see or hear anything for two months. The patient when finally brought to the office could hardly be recognized. The vomiting had slowly stopped com-

pletely. The objective heart symptoms were so changed that if the physicians in Paterson had not concurred in the diagnosis, the writer could be accused of gross exaggeration. All reported phenomena could be found but reduced to a minimum, *so that an examining physician when unsuspecting would hardly detect anything.*

The patient formerly excluded by school physicians from the public schools in Paterson attends the school, readmitted by the same physicians who are unable to understand this nearly miraculous cure in such a heart affection. The patient continues to be under observation. The cure seems to continue without interruption. If, now, the question is raised why radium was used in this case it must be answered: *Radium, as the essence of life, might exhibit an unexpected curing effect in just such incurable cases; further, it has been observed that radium in whatever form given has lowered the blood pressure and has given from this point many surprising and lasting results; and last, not least, the use of radium from the point of biochemistry, is indicated, to be tried on the patient, not on the healthy, if logically from the point of the physiological chemistry the possible use of such a biochemical salt of the organism is well defined.*

The writer must confess that even possessing the homœopathic tremendous symptomatology and also his biochemical (there so broadly as possible expounded), Semiotik, he has come by his former studies of osmosis and katalysis to accept, always more and more, the newer views of radium. Radium is, or represents, vibration, and if, further, Van't Hoff's discovery is taken into consideration, that salts in solution do not have their molecules intact, but are broken up into "ions" bearing electric charges, and if, lastly, it will be remembered that nature does not work with bricks, so the conclusion must be reached that *the whole therapy must be called a therapy of vibration induced by electric and chemical impulses, as, also, in osmosis and katalysis, doing work as the final cause.*

The writer's aim in publishing the present paper was to help those of his colleagues who, interested in homœopathic as also in biochemic radiography, were more or less disheartened by observing a paradox between symptomatology and clinical result.

205 East 72d Street, New York.

**TWO CLINICAL CASES.**

**By S. C. Bannerjee, M. D.**  
**Sciatica.**

June 23, 1913. I was called to see Babu Sankerdudd Misra, a zaminder of chakfatia, in the sub-division of Sitamarhi, aged 65; was suffering for two months from sciatica of left leg and was under treatment of an allopathic physician but without any good result, and thus became tired and dissatisfied after three weeks of treatment. He was getting worse all the time, and refused to take more of his medicines (allopathic). In examining into his case I found the prominent symptoms were: Left leg drawn up, it jerked at night: had a sore feeling, extending down the leg: difficulty in sitting down and in standing; could only stand by means of two canes. I gave him *Argt. nit.* 3x, but without success. After failing with this I enquired into the definite cause and nature of the attack, and learned that he rode to his villages, and when perspiring profusely got wet with rain, and in that state he came back home, drank a large quantity of water, and then took a cold bath also in well water. As to the pain it increases at night, on walking, on moving. He had a slight attack at the same time previous year, but this time it is very severe, deep-seated with cracking in the joints whenever he tries to stand or walk. Under the circumstances I gave him *Kali bi.* 6 thrice daily. After a fortnight I met him at the railway station and found him in perfect health.

**Diphtheria.**

Miss Shiva Dassi Chatterji, grand-daughter of Babu Nando Lal Chatterji, of Telinipara, a girl of 9 years of age, thin, bilious temperament, had the following symptoms: Bright redness of the fauces, dryness of the mouth and throat: shallowing was very difficult, particularly of liquids: fever very severe, temperature 106°, severe throbbing headache, glowing heat of the skin, redness of face, exudation very slight, considerable pain in throat during deglutition. There was much nasal obstruction so that she could not breathe through the nostrils, it was only performed through the mouth: breath was very offensive, so much so that one would not like to enter the room. The parotid, cervical,



submaxillary glands of the sides were swollen, bright red, but the glands of the right side were much more swollen than the left; tongue coated white with red edges, bowels constipated, stools hard and clay colored, there was discharge of yellow mucus from the nose as well as when hawking up. I gave her *Bell.* 30, one dose every four hours, internally. Alum gargle was employed very often; externally hot salt bag was applied to the swollen glands and wrapped with flannel. These lifted her right up very quickly.

Hughly, Bengal, India.

Telinipara, D/10th Sept., 1914.

### THE "CANNOT STAND THE SUN" CASE.

Editor of the HOMŒOPATHIC RECORDER.

Would suggest *Cantharis* for the "cannot stand the sun case" of Mr. A. Clavel. Let him give it in a high potency.

DR. A. A. POMPE.

Vancouver, Wash., Oct. 1, 1914.

### BEANS FOR PREVENTION OF PELLAGRA.

*To the Editor:* Since the publication of my report to the Surgeon-General on the "Cause and Prevention of Pellagra" (*Public Health Reports*, Sept. 11, 1914) and of the editorial on "The Etiology of Pellagra" in *The Journal*, Sept. 26, 1914, I am repeatedly called on to answer substantially the following question: "Our people cannot afford fresh meat, milk and eggs, the year round; how can we, therefore, keep pellagra from recurring?" Tentatively, at least, the answer may be summed up in one word, "beans." The people of the South, especially the poor, must be taught to cook and eat at least as much of the dried (not canned) beans and peas during the winter as they do of the fresh during the summer.

For obvious reasons, I would ask you to give this the necessary space in *The Journal*.

JOSEPH GOLDBERGER, M. D., Washington, D. C.

Surgeon, U. S. P. H. S.

(This letter appeared in the *Journal of the American Medical Association*.)

## THE USE OF ALCOHOL ON THE BATTLEFIELD.

To the Editor of *The Lancet*:

Sir,—The great wave of temperature which has swept over civilized peoples in recent years has gained much of its impetus from the efforts of many distinguished members of our own profession. It is, therefore, with great diffidence that I venture to raise the above question in your columns. Nor do I wish for a moment to advocate any essential modification in the non-alcoholic diet of our army in the field, however anxious I may be to prove my own thesis that the value of alcohol in the present campaign should not be under-estimated.

I will endeavor to put my points as concisely as possible. One of the arguments against the use of alcohol even medicinally, often quoted by scientific temperance lectures, is the statement that alcohol inhibits phagocytosis, thereby impairing the first line of defense against the infections. I have never discovered the experimental evidence upon which this statement is made, and about five years ago I did some research work on my own account to ascertain its accuracy or otherwise. *The Lancet*, of Nov. 5, 1910, published a research which I had made upon the influence of quinine and morphia on phagocytosis, and it was on the same lines that I endeavored to investigate the influence of alcohol on the same process. My researches, though they entailed much intricate and laborious microscopic work, did not appear to me of sufficient importance to publish until I had confirmed my early conclusions by many repetitions of the experiments, nor was I anxious to enter the lists against the champions of total abstinence until I had made my weapons more effective. The experiments, so far as they went, showed clearly that large doses of alcohol (*e. g.*, the equivalent of 10 oz. for an adult of 10 st.) destroyed the phagocytic action of the blood upon all the common pathogenic bacteria used in my experiments (pneumococci, *B. coli* streptococci, and *B. influenzae*), but that moderate doses (2 oz.) distinctly increased phagocytic action against these organisms. This confirmed conclusions which I had come to in clinical observations spread over 20 years of active practice, and I have met many able practitioners who have agreed with me on this point.

Last year, at the International Congress of Medicine, a paper was contributed to the section of Bacteriology and Immunity by Professor Besredka, of the Pasteur Institute, on the subject of anaphylaxis. One series of his experiments quoted therein showed how anaphylaxis could be brought about in test animals. They received an injection of some foreign proteid, and on a subsequent date had become so sensitive to this that a second injection produced rapidly fatal results. Another series of experiments was made in which the test animals were divided into two sets; all received the same initial dose of proteid, and all received the same lethal dose on the day of greatest sensitiveness, but one-half—the controlled animals—during the interval had been given a certain amount of alcohol. All the teetotal animals died and all the alcoholics survived. It was evident that the alcohol had in some fashion neutralized the poison, stimulated the animal's blood to develop an antitoxin, or narcotized the nervous system so that the higher centers were impervious for a time, and the virulence of the poison abated before the protective effect of the alcohol had passed away.

It is conceivable that, given an injury—say, an infected wound—followed by a prolonged exposure to cold and damp, and also in many diseases, conditions are met with closely analogous to this experimental anaphylaxis. Many apparently healthy people are unwitting carriers of pathogenic bacteria, such as various types of influenza bacilli, pneumococci, the large family of streptococci, and the *B. coli* group. These only need some depressing factor in the shape of danger, hunger, damp and cold to lose their normal resistance to the germs and fall an easy prey to acute infections which may assume the form of influenzal fever, rheumatism, pneumonia, bronchitis, or septicemia. When numbers are herded together severe epidemics may easily arise from such a focus, and a virus which has suddenly taken on a greater degree of virulence spreads very rapidly. I have not the slightest doubt that in the first stages of most of this group of cases moderate doses of alcohol are valuable in aiding the natural resistance of blood and tissues. It is too late to be of any service when the patient's tissues are already infiltrated with excess of toxin, and I believe that it is the futile attempts to save dying men by the administration of alcohol which have led so many able observers to say that alcohol is useless as a medicine.

I suggest that if there were under the control of company officers a supply of alcohol which could be served out at their discretion, very much in the same way that our naval officers ordered tots of Jamaica rum to the spent sailors in the days of Nelson, there would not be much fear of abuse. It would be distinctly understood that it was an emergency ration, and since the dose need not exceed  $1\frac{1}{2}$  oz. of alcohol (good London gin, Scotch whisky, Jamaica rum, or good cognac if available) it would not form a very bulky addition to the ammunition columns. Our heroic troops are not likely to be brutalized by this "prophylactic" use of alcohol, and if it prevented the death of only one in every 100 of them it would be well worth the cost and trouble of supply. If I have not misread Mercier's delectable writings upon alcohol and insanity, it is not the use of alcohol which drives men mad, but the insane man who makes insane use of it.

I am, sir, yours faithfully,

H. LYON SMITH.

Bentinck Street, W., Oct. 1, 1914.

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### A HEROIC PROVING OF APIS.

A correspondent of *Gleanings in Bee Culture* relates the following: One day he visited his bee hives and found that the bees were in an exceedingly bad humor, for they came at him by hundreds. Though well protected they got under or through his guard, stinging him from head to foot. The pain was not excessive, and by taking refuge in a cornfield he finally managed to get rid of his tormentors. On returning to his house he found that water was literally running from him, his clothes being very wet, though the day was not a warm one, and he had not indulged in any violent exercise beyond a slow walk and brushing off the bees from his garments. His face was swollen and almost purple. The next development was a fluttering and violently pumping heart. Next, though he did not faint, everything vanished from sight: he was weak and dizzy: the heart then grew weaker, being hardly perceptible. In a short time the vision again began to return, he being able to see dimly. All this occurred in the barn, whence he had gone after returning to the house from his first experience. When vision began to re-



turn he started to the house, but at once sight vanished, he was in midnight darkness, and had to slowly grope his way home. For half an hour his condition fluctuated between total blindness and very indistinct vision; was weak, limp, the heart very irregular and faint. Consciousness and reason never left him, though there was a great depression. His looks, he was told, were pale and ghastly. In time, probably an hour, there was an urgent call for stool, and when the bowels were evacuated his sight returned to normal, the heart nearly so, and he felt that the danger point was passed.

During this experience there were no pains worthy of being called such. The following day he felt as though he had done a day's work of severe physical labor, the muscles of the whole body being very sore. The third day he was quite normal in all respects and has remained so.

All of this goes to confirm the accuracy of the homœopathic materia medica.

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### CLINICALLY THE LATEST.

The *Monthly Cyclopædia* prints a "clinical summary" of "practical hints" each issue. Presumably these represent the latest advances in applied modern scientific therapeutics. Here are a few of the more striking:

Amenorrhœa, flooding, dysmenorrhœa, "etc.," are treated with mammary extract by one authority, though another considers ovarian extract better.

Ovarian extract, iron and arsenic, is used for anæmia.

For a bad cold—"coryza acuti"—a pill of 1/6 grain of morphine. A small dose of nitroglycerine followed in two hours by 10 grains of acetylsalicylic acid. Hot bath. Locally, an ointment containing menthol, methyl salicylate and oil of wintergreen, to be snuffed back, followed by chlorotone inhalant. For the headache and fever inhale steam from boiling water containing menthol and alcohol.

In delirium tremens "withdraw cerebro-spinal fluid by lumbar puncture in amounts as large as possible," and fill up the vacancy with "an equal amount of sterile 1 per cent. sodium bromide solution."

In epilepsy "subcutaneous injection of cerebro-spinal fluid taken for each from another epileptic."

Epistaxis, or nose-bleed, "subcutaneous injection of 8 minims (0.5 c.c.) of pituitrin."

One treatment for goitre is "vaccines prepared from coliform bacilli of patient's own bowel." "Initial dose usually 125 million."

"Gonorrhœa vaginitis of children. Treatment: Mixed autogenous vaccines of gonococcus and usually staphylococcus, streptococcus, diplococcus, colon bacillus," etc. "If after six weeks case still needs treatment, as shown by examination of discharges, a second vaccine should be made." The first dose is from 25 to 50 million, which is gradually increased. Intervals of five to seven days between infections.

For intestinal motor inactivity pituitary extract. "Usually constipation later recurs" when another injection will start the bowels for a day or two more.

For pleurisy, autoserotherapy.

For pneumonia, ethyl hydrocupreine hydrochloride internally. Vaccines externally. First give polyvalent stock vaccine of pneumococcus and streptococcus of each 30 million and then autovaccines.

The treatment for tuberculosis is in amazing contrast with the foregoing, as it consists of the expressed juice of garlic three times a day. Given internally.

Venesection for typhoid fever.

For urticaria, pituitary extract or adrenalin.

These are a few of many treatments given. They are culled by the *Encyclopædia* from medical journals and represent the views of individual practitioners. With the exception of garlic for tuberculosis, one is inclined to think that the less we have of them the better. However, they will keep the reader informed concerning "the latest." Incidentally, they may suggest a reason for the enormous growth of drugless cults throughout the world.

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## DEFINING HOMŒOPATHY.

Dr. James Krause, of Boston, and also Dr. J. P. Sutherland, of the same metropolis, have tried to define Homœopathy (see *Jour. A. I. H.*, July and Oct.), but the *New England Medical*

*Gazette* respectfully and editorially takes exception to both of these definitions, and has given one of its own. Any earnest seeker after truth who reads these three conflicting views from the intellectual hub of the United States will probably arise from his studies in a dazed state, whereas before, if he had read any books on the matter, the subject seemed to be very clear—give *Aconite* for the fever similar to the fever *Aconite* will produce. Far be it from the RECORDER to mix up in this conflict, but a few quotations from the last gladiator, the *Gazette*, may be of interest.

After quoting paragraph 28 of the fifth edition of the *Organon*: "Since this natural law of cure has been verified to the world by every pure experiment and genuine experience, and has thus become an established fact, a scientific explanation of its mode of action is of little importance," the editor writes: "Right here we take exception to Hahnemann, and by so doing we draw a very distinct line between the homœopathy of Hahnemann and the homœopathy of to-day. Hahnemann's homœopathy is to the present day homœopathy as the dogmatic philosophy of the ancients is to modern philosophy. The law that likes are cured by likes is as true to-day as it ever was, but the when, where and why of it is still imperfectly understood."

Again: "The old Hahnemannian homœopathy dogmatically asserts that symptoms are the one and only guide, that the *materia medica* is reliable and accurate, that the dose should be infinitesimal, and consequently that all we need to do is to prove new remedies. The modern homœopathy questions every one of these assertions. We ask why does quinine cure a case of malaria when the symptoms emphatically call for *ipeecac*? And why does arsenic cure another case of this disease when the symptoms point to quinine?"

Again: "To go back to paragraph 70 of the *Organon*. Hahnemann saw in the relief of symptoms the removal of the cause with a permanent cure. The Wassermann reaction in Syphilis has demonstrated the inaccuracy of this statement. The patient may be in a state of apparent health following treatment, but the Wassermann alone will tell us whether or not the patient is out of further danger, and whether we should continue the treatment."

Finally, the last quotation: "Let us suppose that typhoid fever develops in an individual in whom it has been previously shown that bryonia produces a strong Widal reaction while no reaction was produced by hyoscyamus. We should be tempted to prescribe bryonia in this case even though the totality of the symptoms called for hyoscyamus. This is homœopathic treatment, yet it does not conform to the teachings of Hahnemann."

The whole editorial is an able attempt to hitch Homœopathy up with Modern Scientific Medicine. But it cannot be done because that principle known as "Homœopathy" is a fixed star in the firmament of true science, while the other is but a collection of meteors zigzagging about and going out in darkness.

It seems to the RECORDER that Carrol Dunham's definition of Homœopathy is better than any yet advanced, namely, "The Science of Therapeutics."

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### CRATÆGUS AND CACTUS.

Those of our physicians who have not had much experience in the use of *Cratægus* may have their faith strengthened by knowing that those who are using it constantly are obtaining such excellent results that they are confirming all the claims of the original English investigator of this remedy. As he claimed, the old standing chronic cases show the best results. At the same time, properly combined with *Cactus*, or *Macrotys*, or other remedies, the field of which this remedy does not immediately cover, it is found to be of great value. Hundreds of cases are reported where improvement in these conditions has been slowly accomplished, and in many cases cures have resulted, where, with the usual methods, no results could have been anticipated.

Like *Cactus*, it is nontoxic, it has no cumulative effect, it has but few contra-indications, and it acts in perfect harmony with those remedies upon which we have usually relied. It acts upon the entire circulatory apparatus, including the capillary circulation. Its action upon the nervous system and upon the pneumogastric nerve is similar to that of *Cactus*. At the same time, while it promotes nutrition of the nerve structures, it seems to increase their strength even more rapidly than *Cactus*.



*Cactus* is a nutritional remedy in its action upon the heart muscle, while *Cratægus* acts directly upon the metabolism, promoting the excretion of morbid matter and stimulating the absorption of the nutritional elements. The remedy increases the heart impulse. Where the heart's action is feeble and the pulse rapid, the improvement in both these conditions is quickly apparent. At the same time, any gloomy forebodings are gone, the patient experiences a sense of well-being, and feels as if he had a new "lease of life." His confidence in an ultimate cure is established, and psychological conditions are thus improved, the remedy acting in this particular much like *Pulsatilla*.

If this remedy be associated with *Apocynum* and other agents of this character in dropsy, due to the imperfect heart action, or with squills, an old remedy for this trouble, the benefits upon the dropsical condition will be plainly apparent.

Dr. J. Jernigan reported, in 1909, very excellent results from the use of this remedy in the treatment of diabetes insipidus in children. He also used it with good results in exophthalmic goitre, ten drop doses every two hours.—*Ellingwood's Therapeutics*.

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### A POINTER ON HEART CASES.

Writing in the *British Medical Journal*, Price points out that one of the most unfortunate things we have to face is that such a large proportion of patients with cardiac affections endeavor to live beyond the limits of the heart's power. A constant strain is thus thrown upon the organ, for it is well known that, after cardiac systole, the power of contraction is for a short period abolished, and that when the pause following contraction is prolonged the succeeding contraction is more powerful; in other words, the power of the heart is increased by a period of rest. It is of supreme importance that strain should be avoided, and that the patient should acquire the habit of each day living within the limits of the heart's strength. One is constantly asked what amount of bodily exertion should a patient with a cardiac affection be allowed to undergo. Price would like to enunciate a cardinal principle which, in his opinion, is of inestimable service. It is that any exertion which the patient indulges in should not be attended or followed by undue breathlessness, palpitation

or fatigue, a sense of tightness across the chest, or precordial pain or distress. On the other hand, exertion short of producing these is usually not harmful.—*Therapeutic Gazette.*

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## PRACTICAL EXPERIENCE WITH HOMŒO-PATHIC REMEDIES.

By William A. Humphrey, M. D., Toledo, Ohio.

(Condensed from the *Medical Century*.)

In looking over my medicine case I find several bottles which are empty more frequently than any of the rest. These constitute the ones most used at the bedside, where we are meeting the acute troubles of our community. *Aconite*, *Bryonia*, *Belladonna*, *Arsenicum*, *Gelsemium*, *Chamomilla*, *Cantharis*, *Colocynthis*, *Camphor*, *Cinnamon*, *Arnica*, *China*, *Echinacea*, *Drosera*, *Ipecacuanha*, *Iodine*, *Nux*, *Mercurius corrosivus*, *Mercurius iodide*, *Hydrastis*, *Passiflora*, *Colchicine*, *Pulsatilla*, *Sabina*, *Hellonias*, *Tartar emetic*, *Chelidonium*, etc. *Aconite*, *Arnica*, *Belladonna* and *Bryonia* constitute a quartette which any one may well be proud of. They are all reliable and render a good account of themselves. *Aconite* is indicated in many of our acute troubles, as we all know, and is often given in transitory fevers which are soon ended. I have frequently given it continuously in the 2x or 3x all the way through in mild typhoid, and while I do not consider it necessarily indicated in these conditions it helps to meet one requirement which is very essential to the success and comfort of these cases, *i. e.*, it serves to keep the skin active and thereby aids elimination.

In acute facial neuralgia it is almost specific, given freely in the tincture, ten drops to a half a glass of water, repeated often. If the case has existed for some time, however, *Belladonna*, *Arsenicum* or *Magnesia phosphorica* are more frequently indicated. *Belladonna* has always been a reliable remedy when given according to the indications as laid down in our materia medica. *Arnica* is not appreciated by us all to the extent it should be. It has been of great service to me many times in cases which possessed the characteristic bruised feeling over the body. This bruised feeling should be differentiated from the muscular soreness of *Bryonia*, the soreness of which is aggravated by motion. *Arnica* is also indicated in certain nervous conditions, which are the result

of severe mental exertion or overwork. The symptom that "the bed seems too hard" I have found to be reliable.

No remedy in our materia medica gives a better account of itself than *Bryonia* when indicated. In pneumonia, where the process is near the surface, and we have the pleuritic stitching pains, it supersedes all others. Hughes calls it truly homœopathic in pneumonia for the second and third stages, where there is a short, dry cough, with little or no secretion. I have given it in all stages of pneumonia, where there seemed to be no secretion with short, dry cough, and with a dry tongue, coated white.

I have frequently prescribed *Bryonia* for disturbances of the peritoneum, where we have the characteristic stitching pains aggravated by motion and usually with good results. I almost always use the 3x.

*Arsenicum* has always been a sovereign remedy and, as we know, is often called for because it affects every tissue of the body and can be given for almost anything, but we should not wait for the restlessness always ascribed to it. There are other symptoms which long precede restlessness, which should guide us in its selection, namely, the thirst for small quantities of water, dry tongue, yellowish-white and trembling when protruded. These symptoms, together with a general diagnosis as to the tissue involved and the nature of the infection, should be helpful in guiding us to its selection.

The masterful comparison by Carroll Dunham, of *Arsenicum*, *Eupatorium perfoliatum*, *Rhus toxicodendron* and *Phosphoric acidum* in typhoid fever, is one of the gems of our literature. It is one which has guided me in the selection of these remedies in typhoid fever and I consider it worth a frequent review by anyone who wishes to make a distinction between these remedies.

In old anæmic conditions Fowler's Solution, in three drop doses, has given me better results than the dilution. For most conditions the 3x or above are the best.

*Gelsemium*, with Dewey's three D's, namely, dullness, dizziness and drowsiness, is one of our most reliable remedies. It has been frequently and truly said that *Gelsemium* occupies a position somewhere between *Aconite* and *Belladonna*. This is true, but it is more frequently indicated, in my experience, than either. I find the bottle in my case has to be refilled as often as any

other. It corresponds often to our local fevers. In colds, with beginning discharge changing from watery to a heavier than watery discharge, with dull frontal headache and general malaise, it has often been of great service. In the first and second weeks of typhoid fever or other continued fevers, where the patient is dull, tongue covered with a short yellow "fur" and not much thirst and little or no delirium, it has been of great service to me. In many cases of acute nervous disorders it has proven very useful and in meningeal troubles which are not tubercular, and especially in meningitis of the cord, it has done good work for me.

*Cantharis* has been a most useful remedy in the experience of the writer. Its use in its characteristic strangury goes without comment, but there are other uses which far excel that. I refer to chronic nephritis, where we have tube casts and beginning œdema. It has served me better than any other remedy in increasing the flow of urine. It will not carry away large dropsical effusions. When these exist other means are required such as will produce watery stools, stimulating the skin, etc. It will ward off these conditions better than any other homœopathic remedy with which I am acquainted. I have a case in charge now which has been œdematous for five years and in which *Elaterium*, *Hydrogoggin*, *Apocynum*, and others have been given and which produced temporary relief, but *Cantharis* has done more to produce a marked increase in the flow of urine and has kept the œdema from increasing the flow of urine for a longer time than any of the aforementioned remedies. The 2x, twenty drops in half a glass of water, always produces a marked effect within twenty-four hours.

The tincture of *Cinnamon* is a remedy which has proven its efficacy very frequently in arresting uterine hæmorrhage. Given in the tincture in doses up to fifteen drops it is almost a specific in uterine hæmorrhage, due to relaxed uterine muscle. The flow is bright, profuse, and free from pain except possibly a backache. It is of no use except in acute hæmorrhage and should not be administered in abortion. It vies with *Sabina* in hæmorrhage.

*Sabina* 2x has frequently produced good effect where the pain is in the back, extending through the pelvis to the front.

*Echinacea* is a remedy of great value, used in doses up to twenty drops, of the tincture. I have seen it render great ser-



vice in puerperal sepsis, where, I believe, it was the great instrument in saving the life of the patient. Of course, it was used in conjunction with antiseptics locally applied. It is not homœopathic, and I know of no characteristic symptoms. Its use is entirely empirical.

*Drosera* cures a majority of the coughs in my practice, which have hard paroxysms at intervals. It is not necessary to think of *Drosera* in pertussis only. That is treating a name and not the patient, the very thing which we have so often decried in our opponents. *Tincture Drosera*, thirty drops; Glycerine, four drams; water q.s., four ounces, is my favorite cough syrup and one which has a good reputation among my patients.

*Iodine* is to me one of our most valuable remedies. It is almost specific in catarrhal croup. In fact, it does the work so well that my patrons, who have croupy children, keep it on hand. It does the best in the first or second x on disks, repeated often. I have relieved and cured more cases of chronic asthma with drop doses of the *Tincture of Iodine* than with all other remedies combined. I prescribe it thirty drops in four ounces of water, put up in a bottle so that the *Iodine* will not evaporate. Repeat every two or three hours. It is to be given over a long period, then suspend for a time and continue again for a period of several months. I have a patient now who has had asthma for ten or twelve years and whose chest had become deformed in consequence of the attack. She had been under treatment from several physicians before commencing this remedy. She has not had a severe attack in two years, although she continues to work among fabrics which give off much lint and dust. In pneumonia, due to mixed infection, during the second and third stages, it is the best remedy which I have ever given, prescribed in the method set forth. In old people it acts finely. I would not know how to get along without it. This is not new, it is old. Kafka lauded it in laryngitis and pneumonia long before our time.

*Hydrastis* is a remedy which is reliable. *Hydrastin muriate* 2x has been the single remedy in stomach disorders in the category. Loss of appetite, some gas, tongue coated yellowish, bowels sluggish, pain after eating, as from ulcer, all of these have been relieved. It has saved an operation for the symptoms of ulcer several times in cases which came with that prognosis. It has a

stimulating effect upon striated muscle from which it gained its early reputation as a tonic. As an injection in gonorrhœa it is one of the best. It is doubtful, indeed, whether any preparation is the equal of the fluid, non-alcoholic, although the colorless is good.

We should not pass *Hepar sulphur* without a compliment to its worth. Not going into detail, we might say that its characteristics are often verified. There is one condition in which it has often proven of great value, namely, in atony of the bladder, the urine drops vertically down and is obliged to wait awhile before any passes. This condition, which is exactly the opposite of *Sulphur*, has often been relieved by *Hepar* 3x.

I do not know anything new about *Nux*, *Ipecacuanha*, *Phosphorus* or *Tartar emetic*.

*Colchicine* is the better preparation of *Colchicum*. One grain of Merck's in one ounce of alcohol is the preparation which I prefer. Twenty drops of this solution in four ounces of water, given every half hour until the bowels are disturbed, is a very reliable prescription in acute articular rheumatism. We do not need to wait for characteristics. The fellow with the swollen joints is picture enough for us to work upon. He will not get well any too soon anyway.

Of the *Mercuries* the *Biniiodide* is, perhaps, the one most frequently called for. Before the days of antitoxins, during an epidemic of malignant diphtheria in which no cases were saved for several months, it later saved more cases than anything and gave to the writer the lowest death rate in the community, a death rate so low that it has not been reduced since the days of antitoxins. It was given in the 2x triturate tablets and pushed to the point of beginning salivation. It is the remedy of first choice in various kinds of sore throat in which there is multiple glandular involvement about the neck. Of the other *Mercuries*, *Mercurius corrosivus* is the one next most frequently used in my practice, but since we all irrigate the bowels in diarrhœa its tenesmus is not so frequently seen as formerly. In fact, I have not seen a case of bloody dysentery in many years. In syphilis *Mercurius biniiodide* 2x has done more for me than all others. It is given with now and then an interruption for two years. Given in this way cases which take good care of themselves almost never cause any further disturbance.

*Passiflora* has not been proven, to my knowledge, but its universal use merits notice. It is of such great value in nervous conditions and so often brings result that we almost always give it in acute nervous storms. It can be given in any dose, but fifteen or twenty drops of the tincture answers every purpose. In passive hyperæmia of the brain with insomnia it has been very useful, having many points of advantage over a great many hypnotics on the market. Its action is not followed by any untoward symptoms. The patient rises refreshed and is not conscious of any ill effects from it.

We too often think of *Pulsatilla* as a female remedy. Sex has little to do with it. There are certain characteristics which are associated with the female, of course, but its action upon the stomach has no special relation to sex. There are two or three conditions which deserve special attention. In suppression of the menses not due to constitutional diseases it is the remedy of first importance. It has often proven its efficacy. If the patient be anæmic some other remedy, such as *Ferrum*, will be required. In orchitis from suppressed gonorrhœa it is the best remedy. It has always been given by me in this condition in the tincture in doses of from one to five drops and it rarely fails to bring results. In varicose veins it is often indicated, provided they are upon the thigh, but not upon the leg. Our materia medicas make this distinction and it is true. *Hamamelis* applies to the whole limb.

*Sæe palmetto* is a remedy which has great value in a limited way. In men whose prostates are disturbing them, and especially such cases as have a feeling as of a lump in the rectum, together with nervousness, or with nervousness alone, resulting from overuse or abuse of these organs, *Sæe palmetto*, five drops of the tincture, has been of great benefit. *Avena sativa* is another remedy of great value in nervousness without the prostatic complications when arising from the same cause.

*Terebinth* is a remedy which many a homœopath looks askance at because it is so common and because our opponents use it so freely, and furthermore they are afraid of it. It is not to be feared when understood. If it is to be given for hæmorrhage from the kidney it should be given well diluted, 3x or 4x, but in acute abdominal troubles, such as typhoid fever, with marked

distention or distention after abdominal operations it should be given in doses of from three to six drops of the tincture, two or three times per day. It has a decidedly beneficial action often manifested after two or three doses. There need be no fear of aggravation from it unless long continued. The distention which it relieves is not to be confused with that present in the intestinal stasis of the aged. I know of no remedy which meets this latter condition like liberal doses of refined hydrocarbon oil. It is non-medicinal and produces fine results when given in half ounce doses morning and evening. I know of no remedy more maligned than *Sulphur*. The old teaching which was to the effect that when you don't know what to do, give *Sulphur*, go home and study the case, is erroneous. Why not save the *Sulphur* and give placebo and let nature develop the case and be honest with *Sulphur*. *Sulphur*, homœopathically, is almost never indicated in acute troubles, at least I have not found it so.

The remedies referred to so far constitute about ninety-five per cent. of those used in acute diseases, but they constitute only a small percentage of those used in office work. Time forbids us from going into a detailed account of all of these, but with your indulgence I shall mention a few of them. Before doing so I desire to say that the higher potencies have given me the best results in chronic conditions.

First and foremost I desire to pay my respects to *Calcarea carbonica* and *Calcarea phosphorica*. These two standbys have set more children right and got them on the way to adult life than any remedies within the range of my knowledge. They are true to their indications. Times without number I have seen them do their work and just now while there is such agitation in certain quarters over the value of milk diet for tuberculosis its most enthusiastic supporters claim that it is the phosphate of lime in the milk which does the work. A regular physician in our city, who makes a specialty of lung diseases, pins his faith to the phosphate of lime. This is not new to the adherents of Homœopathy, who have demonstrated its value for so many years that it scarcely creates enthusiasm among them when mentioned. With the use of *Calcarea iodide* and *Baryta iodide* in tuberculous glands of the neck, taken early before caseation, I have never known one to go on to operation if they had six months' treatment. Given high and low, they do work.



*Kali phosphoricum* 6x has been a great help in neurasthenia. The other *Kalis* are all reliable when given according to their indications and they are great tissue foods.

I should like to call especial attention to *Silicea*. It has done some great work for me. Permit me to recite a case. Mr. B. had pain in the dorsal region. It was not relieved. He went to Chicago and lay paralyzed in a homœopathic hospital six months and returned home in that condition. Both lower extremities were useless. By this time the one dorsal vertebra began to tilt, showing caries had taken place. I gave him *Silicea* 6x for one year. During that time an abscess was evacuated with great benefit, of course. No more formed and he got well and strong under the treatment, and I might add that he paid the bill in cordwood, which he hauled and corded himself. I have seen it do other things equally remarkable. It has frequently cured chronic discharges from the ear for me, and I have observed its beneficial action in several necrosed bones. It is altogether a most valuable remedy.

Burnett has placed before us several valuable remedies. He emphasized the value of *Cholesterine* as an hepatic remedy. *Cholesterine* is a constituent of all proteid matter and exists abundantly in the human body. In chronic hepatic troubles it has done some great work. Only one year ago I saw a lady in consultation bronzed from jaundice. I advised operative interference to relieve her of stone in the common duct, which was rejected, whereupon I advised the attendant to put her upon *Cholesterine* 2x trituration, and *Carduus tincture*, ten drop doses each, three times a day. At the end of two months she had cleared up, recovered her health, took on weight and has been well ever since.

Several years ago I saw, in consultation, a lady past fifty, who was suffering from hepatic disturbance. The liver was plainly enlarged and nodular. She had been a great beer drinker and the diagnosis of cirrhosis seemed certain, but, owing to the coarseness of the nodules and the general condition of the patient, I was led to believe that it was of the ascending type with a possible incomplete obstruction of the ducts. Two or three months' treatment with *Cholesterine* 2x and *Carduus tincture*, ten drops each, three times per day, cleared up the case and she remained well so long as I knew her, a period of six or seven years.

There are many other remedies, such as *Cannabis sativa*, *Chelidonium*, *Helonias*, *Fraxinus*, which come into use every day, but time forbids even a fragmentary discussion of them. The live-up-to-the-minute homœopath does not need to apologize for his results. What one of us would exchange his treatment for that of the enthusiast over the new, untried remedies? Our death rate in diphtheria, typhoid fever, pneumonia, and the other grave, acute diseases is still lower than that of any other. In pneumonia our death rate is not over eight per cent. In the annual report of Cook County Hospital for the year 1912 the death rate from pneumonia under vaccine treatment was 32 per cent., and under the treatment of regular medicine was 45 per cent. What one of us would exchange our therapy for that? I do not decry the attempt of the profession to improve therapeutics, and I stand ready to adopt that which stands the test of clinical work at the bedside, but I am not ready to discard the remedies which have always produced for me results in advance of those shown by others.

"All that pertains to the great field of medical learning is ours by tradition, by inheritance, by right."

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### NEO MALTHUSIANISM AND EUGENICS.

The Malthusian League of England recently issued a circular letter in which they say that they desire to make known the fact "that the presidents of the British Medical Association and of the American Medical Association have both drawn attention in their presidential addresses of 1912 to the importance of the restriction of families among the poor and unfit." Assuming that the two presidents have been quoted correctly it appears to the onlooker as though they (and the League) were of the character of those who "rush in where"—wise men go very softly. In the first place, if it were not for the children of the poor, who would do the heavy and the dirty work of the world? By "dirty work" is not meant that which is morally so but literally—the carting away of the garbage, cleaning the streets and sewers and other things so necessary to the comfort of the well fed Malthusians. And, then, are the children of the poor morally worse than the gilded youth of New York, London and elsewhere?

And again, does the right of a child to life depend on the size of its parents, "wad"—this, Oh, learned ones, is a vulgar term for money. Again, are the children of the fur-coated, elegant man who has skinned several million dollars out of the poor by false prospectuses any more "fit" than are the children of his beggared dupes? Is he any better as a citizen than is the degenerate pick-pocket? Is his stock any better for producing future good men and women? If any man doesn't want a family of children we wouldn't raise a finger against him, for it is his own affair, and he must shoulder the consequences whatever they be; similarly, it seems to ill befit any set of well-fed gentlemen to assume to set themselves as deities to regulate the propagation of their fellow sinners—for that is what we all are according to our many creeds, unless it might be that of the scientific who never having been able so far to isolate the active principle of sin sit in complacent suspension of judgment, and look wise. Finally, from the most ancient times it has been considered the duty of the true man of medicine to preserve life and not to put a stop to it, and so, from a purely business point of view (saying nothing of those higher), the wise doctor will let this messy subject severely alone.

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### LATE STUDIES IN ANAPHYLAXIS.

The *N. Y. State Medical Journal* prints in its October issue an abstract of Dr. Mark J. Schoenberg's paper on "Experimental Study of Ocular Anaphylaxis," that was awarded the Lucian Howe prize at the April meeting of the N. Y. State Society. The entire paper will appear in *Ophthalmology*. The abstract contains much interesting matter, but it arrives at no conclusions, unless it be that no one knows much about the matter. Here is a quotation showing what anaphylaxis is:

"If a very small amount of horse serum is injected into the peritoneal cavity of a guinea pig, and two weeks later a slightly larger quantity of horse serum is injected into the blood stream of this animal, we witness a most strange occurrence. The guinea pig begins to breathe rapidly, is restless, goes into convulsions and dies. A control guinea pig injected for the first time with the same amount of serum does not exhibit any alarming symptoms. The state of extreme hypersensitiveness to

horse serum produced in the guinea pig by the first injection constitutes a condition called anaphylaxis. Rosenau and Anderson have succeeded in sensitizing guinea pigs with one millionth part of one c.c.m. of heterogenous serum."

Following this is a sketch of the condition resulting from repeated injections of serum. After the seventh injection necrosis follows, at the seat of the injection, which takes weeks or months to heal:

"A guinea pig injected for the first time with horse serum will not show symptoms of anaphylaxis when injected the second time with human or ox serum, but it will become ill and die very rapidly when injected again with horse serum."

"Anaphylaxis is a strange and puzzling condition, apparently contradicting the principles underlying the theory of immunity. In the latter the body becomes protected by the repeated introduction into the organism of bacteria. In anaphylaxis the organism loses its protective power against a heterogenous albumins and becomes extremely sensitive to that particular albumin."

The results of many experiments are given, but the moral of the paper as a whole seems to us, at least, to be, Let serums alone. Many facts are gleaned by experiments with serums on man and beast, but no man commanding the magnificent resources of Homœopathy needs these dangerous and tricky agents.

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A gentleman, aged forty-six, was confined to his house by an attack of piles, which protruded like a bunch of grapes, and were exceedingly sensitive, burning and painful. The only mitigation of suffering which he could procure was from a cold sitz-bath, or the application of cold compresses. The case indicated the use of *Aloes*, and it was administered in the 3d trituration. Two doses a day were given at first. A partial relief was obtained in twenty-four hours. In the brief period of four days the tumors had disappeared, regular daily evacuations became established and the patient rejoiced in finding himself cured.—*Dr. A. E. Small.*



# THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

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## OUR CONTRIBUTORS.

In this issue we are pleased to print a very practical paper on the treatment of earache by George M. McBean, M. D., F. A. C. S., of Chicago. Dr. McBean returned not long ago from study in the European clinics.

We also insert a number of practical therapeutic hints noted down by us from attendance at a meeting of the Northwestern Homœopathic Medical Society at Rockford, where Drs. Sickels Tenney, Lillian Thompson, C. A. Walker, F. K. Hill, and others read papers or joined in the discussion.

## THERAPEUTIC NOTES.

**Treatment of Earache.**—Earache is due to many different causes and a diagnosis is essential to intelligent treatment. Perhaps it is most important for the general practitioner to know what *not* to do. First, do not put in oil in any form, nor any substance that will gum or cake. Second, learn to look into the ear with a reflecting mirror and make a diagnosis.

Earache may be referred pain from diseased teeth or badly fitting bridge work. It may be due to catarrh in the Eustachian tube causing poor ventilation and a partial vacuum in the middle ear spaces. This is only relieved by inflation. I saw a boy recently who had suffered for two weeks from pain and deafness relieved instantly by a simple Politzer inflation. Treatment of the naso-pharynx should follow.

Probably most earaches are the result of middle ear infection with the formation of an abscess back of the drum membrane. These require surgical intervention, lancing of the drum membrane, if it has not already ruptured, and surgical cleanliness and drainage to prevent secondary infection. This is the condition in which oils and substances which block drainage are especially to be avoided. The well known solution of carbolic acid, 1 part, in glycerine, 9 parts, may be used here both before and after

drainage is established. A small portion of alcohol may be added to the solution if the skin is sensitive to carbolic acid.

In every abscess in the middle ear the mastoid is more or less involved. Usually only the mucous membrane lining the cells is inflamed and the trouble subsides. In more severe infections the bone becomes diseased and in such cases operation is imperative. For ordinary pain over the mastoid in the first few days a compress of glycerine and alcohol, equal parts, is very efficient in relieving pain, especially if covered with a hot bag.

If the pain is in front of the ear and aggravated by touch or movement of the auricle, it is probably caused by a furuncle in the canal. The usual history is of an itching ear which has been scratched with a match or a hairpin followed by an infection of the hair follicles in the canal. The ear may become prominent and the mastoid process œdematous from such superficial infections, and the pain is severe. If the boil can be seen it should be lanced to relieve the tension. Cover with a strip of gauze soaked in a saturated solution of aluminum aceto-tartrate to prevent reinfection in other parts of the canal.

The internal medication is such as will combat infection of the mucous membrane and skin. The most frequently indicated drugs are *Belladonna*, *Pulsatilla*, *Hepar sulphur* and *Mercurius*, also *Phytolacca* if there is throat infection. In this latter instance a few drops of some simple antiseptic should be dropped through the nose into the throat several times each day to control infection of the Eustachian tube.

G. M. McBEAN.

**Prevention of Post-partum Hæmorrhage.**—According to Dr. Gilbert Fitzpatrick the chief factor in the cause of post-partum hæmorrhage is uterine inertia, and to overcome this many give pituitrin but fail to follow this up with the proper remedies. He prevents the secondary hæmorrhage which may occur after use of pituitrin by administering fluid extract of *Hydrastis* and of Ergot, in ten minim doses, four times daily.

**Diagnosis of Diseases of the Bones.**—According to Dr. E. H. Grubbe, of Chicago, the more we study the diagnostic qualities of the X-ray the wider becomes the field. At present it may be said that most diseases of the bones can be diagnosticated by this method.

**The Diastolic Blood Pressure.**—Much that is confusing regard-

ing the significance and treatment of high blood pressure may be understood more clearly if the diastolic pressure is accurately determined. Dr. Fritz Askenstedt, of Louisville, directs our attention to the fact that a high systolic pressure is not necessarily dangerous unless the diastolic is also of unfavorable significance.

So far the only reliable clinical method of ascertaining diastolic blood pressure is the auscultation method of Korotkoff.\* When the diastolic blood pressure exceeds 110 mm. suspect renal disease. A diastolic tension below 70, with high systolic pressure, points to aortic regurgitation.

\***Korotkoff's method**, or the auscultation method, is carried out as follows: After applying the armcuff, place the bell of the stethoscope over the brachial artery, either above or below the crease of the elbow. Inflate the cuff until the pulse ceases at the wrist, then gradually release the air pressure and note through the stethoscope the series of sounds produced in the brachial artery below the cuff, as the air pressure decreases: 1) A feeble sound like a distant heart sound (the first audible sound denotes the systolic tension): 2) a murmur; 3) a tapping sound, which ends rather abruptly in 4) a low, dull sound. The point of transition between the 3d and the 4th sound denotes the diastolic tension. (ASKENSTEDT.)

## THERAPEUTIC HINTS FROM THE NORTHWESTERN SOCIETY.

**Colic in Children.**—Dr. E. A. Sickels, of Dixon: Children of gonorrhœal parents are subject to colic which is curable by *Psorinum*, *Lycopodium* and other homœopathic remedies. For the diarrhœa use *Chamomilla*, *Rheum* and *Magnesia carbonica*. Dr. Sickels also spoke of gout or the gouty diathesis as of gonorrhœal origin and to be treated by remedies accordingly.

**Treatment of Badly Eroded Cervices.**—Dr. Lillian Thompson, of Chicago, advocated dressings wet with essence of pepsin for this condition.

**Albuminuria of Pregnancy.**—Dr. A. C. Tenney, of Chicago: When the thyroid does not enlarge in pregnancy, albuminuria may be prevented by use of the thyroid extract.

**Pernicious Vomiting of Pregnancy.**—Dr. C. A. Walker used a tablet containing pancreatic extract and soda bicarb. in a case

which did not retain the bicarb. alone. Recovery from the vomiting took place.

Dr. F. K. Hill and Dr. A. E. Smith both have used ingluvin successfully in the vomiting of pregnancy.

**Treatment of Uremia.**—Dr. A. C. Tenney spoke of the Harvard method which is to give soapsuds enemas and magnesium sulphate enemas until the bowels have moved copiously, then the normal salt solution by the drop method followed by teaspoonful doses of a saturated solution of magnesium sulphate every two to four hours, well diluted with water.

**Syphilis and Salvarsan.**—Dr. A. C. Tenney, specialist in syphilitic affections, frankly admitted that syphilis is still as terrible an infection as ever in spite of salvarsan. Salvarsan does not sterilize the body nor render it safe for syphilitics to marry.

## CLINICAL URINOLOGY AND RENAL THERAPEUTICS.

CLIFFORD MITCHELL, M. D.

**Treatment for Indicanuria.**—Dr. J. A. Toren treats obstinate indicanuria as follows: Stop all other drugs and give the following: First day, calomel, one grain, in one dose, and follow with salol, ten grains, giving the salol three times in the one day. Second day give salol, five grains, three times in the day. Third day salol, five grains, three times. If indican remains marked repeat in not less than four days.

**Last Stage of Nephritis.**—For the last stage of chronic nephritis with dyspnoea and cardiac dilatation the following prescription is used by German clinicians: Diuretin (Knoll), grammes 12; pulv. digitalis, grammes 2. Make into twenty powders and give one three times daily. (At present this is an expensive prescription.)

**Early Signs of Renal Tuberculosis.**—Newman in a recent address speaks of polyuria and frequent micturition as an early sign of renal tuberculosis. In the hematuria of renal tuberculosis may be noticed comma shaped clots.

**Hematuria Due to Urotropin.**—This has been known for a long time, Purdy directing the writer's attention to it many years ago. It has recently been commented upon by Simon who has noticed it in meningitis where it followed fifteen grain doses given every two hours. The hematuria is due, according to Simon, to severe hæmorrhagic cystitis as shown by autopsy in one case.



**Dizziness in Diabetes Mellitus.**—This is not a common symptom, but in a case seen in the writer's clinic recently this condition was an early and marked symptom, persisting to some extent even after relief of other symptoms.

**Diabetes With Acidosis.**—In the writer's experience diet alone, which is so successful in the treatment of mild cases of diabetes mellitus, is to be supplemented when there is acidosis with fairly vigorous antacid treatment. Most patients tolerate soda bicarb. in relatively large doses. The writer likes to give it in hot water one hour before meals. Von Noorden prefers to use sodium citrate and magnesium perhydrol, a teaspoonful of the citrate on rising in the morning and a teaspoonful of the perhydrol on retiring. The perhydrol in powder is used by him. The latter is hard to find in Chicago just now, and is sold for one dollar an ounce. It has an advantage for those that can afford it in the taste which is more agreeable than the soda preparations mentioned above, and hence is better suited for women and children with acidosis.

**Quieting the Diabetic Stomach.**—Most diabetics complain of "that gone feeling," and to relieve it is a great help in the treatment. Food is the best relief, and the writer likes Von Noorden's plan of five meals a day at 7:30, 10:15, 1:30, 4:30 and 7:30. In addition the writer directs the patient to have on hand a bottle of Wyeth's beef juice, and to take a teaspoonful in water if awakened at night by the "gone feeling."

**The Secret of Dietetic Treatment in Diabetes.**—The writer, after twenty-five years of experience in treating diabetics, is convinced that the secret of the dietetic treatment consists in a knowledge of the equivalents of the withdrawn carbohydrates. It is not sufficient to "cut out" various articles of food, but in their place must be carefully substituted other articles according to the patient. The use of printed diet lists is to be condemned, as very few patients tolerate carbohydrate alike. Using Von Noorden's plan of allowing a small amount of bread daily, and by careful study of other carbohydrate equivalents of this bread, a diet may be prescribed for nearly every case according to its needs. But it must not be forgotten that the will power of a diabetic of long standing is practically gone, and that he will not observe any diet for a considerable time.

## BOOK REVIEWS.

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NERVOUS AND MENTAL DISEASES. By Joseph Darvin Nagle, M. D., Consulting Physician to the French Hospital of New York, Member New York Academy of Medicine, Honorary Member Societe Royal de Belique, etc., Physician to St. Chrysostom's Dispensary. New (2d) edition, revised and enlarged. 12mo. 293 pages, with 50 engravings and a colored plate. Cloth, \$1.00, *net*. (The Medical Epitome series.) Lea & Febiger, Publishers. Philadelphia and New York. 1914.

A good book for men who must answer the questions put to them by examining boards. There is a list of questions at the end of each chapter, the answers to which will carry any one through an examination, provided he can remember the answers. The book is very good in all respects save its medical treatment. It makes one sigh to read the old routine of chloral, the bromides, strychnine, arsenic, opium, iron, quinine and the rest, when Homœopathy offers such a rich array of rational therapeutic agents.

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A man of sixty-nine, frequently subject to stomach and abdominal complaints, had had for three months pain in the back and small of the back, frequent urging to urinate and burning while urinating; status præsens; burning in the stomach and chest; little appetite, pressure after little food; bloated stomach; pain in the pit of the stomach; frequent passing of fetid flatus; frequent urging to urinate, burning while urinating, urine scant, dark yellow, turbid, forming white flakes in standing; night and day violent, tearing, stinging pain in the back and small of the back, with jerking in to the thigh and knee, especially on the right side; at night, difficulty of finding an easy position; sleep none or uneasy and short; constant chilliness; cold limbs; face bluish gray; lips dry, purplish. *Colchic.* 5 every three hours one dose, improved in one day, and cured in a few days.—*Dr. Schelling.*

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## EDITORIAL NOTES AND COMMENTS.

**TWILIGHT SLEEP.**—What we do not know about “dämmerung-schlaf” would fill all the space needed to tell about it, but our excellent contemporary, the *Long Island Medical Journal*, does not seem to be enthusiastic over “morphine-scopolamine anesthesia.” It furthermore remarks that it was introduced to the American public “in an enthusiastic magazine article that might almost have had *Adv.* written after it.” Also, that “any physician reasonably skilled in the administration of powerful narcotics” can induce the “twilight sleep.” As to the testimonials the Journal says: “These testimonials have varied from guarded expressions of general approval to wholehearted enthusiasm with now and then a modest bid for patronage peeping from behind the remark that a moderate supply of the precious drugs has been brought back by the physician interviewed.”

**THE LAW AND THE LIGHT.**—Dr. W. H. Watters read a good paper at Atlantic City, which is printed in the October number of our learned, dignified and somewhat haughty contemporary, the *New England Medical Gazette*. Dr. Watters considers Homœopathy in the light of modern medical research. In this light it is seen that there is a trend away from polypharmacy, on the part of modern medicine. An acknowledgment of the need of testing drugs, proving them, on human beings, as well as on animals. In the size of the dose the homœopath is no longer at variance with the remainder of the medical world. As for the law of cure nothing has been brought forward to

confute it. From this it can be seen that in the light of modern medical research Homœopathy stands quite distinct, especially in view of the fact that it is a case of examining the sun by means of a modern arc light. You see that Homœopathy has known and practiced all these things, towards which modern medicine is slowly groping its way, for over a century, thereby greatly benefiting humanity.

ATTENTION, YE LEARNED ONES.—This note is from *Ellingwood's Therapeutist*: "I cannot resist the temptation to make a little remark concerning a much abused Latin term used very often by medical writers. *Per os* being a neuter noun of the third declension, remains the same in the accusative case as in the nominative. Therefore, one should say or write *per os*, and not *per orem*, *per ore*, *per orum*, *per oram*, etc., etc. You will pardon me for making this statement."—*Floremond Le Blanc, M. D.*

SOMETHING OF A DILEMMA.—We do not know a great deal about English medical affairs, but the heading of the leading editorial in the *British Medical Journal*, Sept. 26, throws a certain oblique light on one phase of them. It is: "Excessive Prescribing Under the Insurance Acts." It seems that a specified sum, 9 shillings "allowed for medical attendance and drugs." This is being exceeded in the matter of prescriptions, and the drug men are not getting their share, or, rather, giving too much, it seems. The matter is purely a financial one, but back of it looms the curious idea of 20th century doctors thinking to cure disease by a multitude of drugs, or by a big quantity of one drug.

"ONLY ONE."—Dr. F. H. Renberg, in a letter to the *Chicago Daily News*, says: "There is only one school of medicine," by which he means the allopathic to which he belongs. Taking him at his word it can be asserted with similar dogmatism that there is but one science in medicine, namely, Homœopathy. The "one school" gives us a lot of information about disease, its appearance, how it affects the patient and how it kills him. The science tells how to cure disease, which, from the patient's point



of view, is more important. The long suit of the "one school" is prevention, which is very useful. The long suit of the science is prevention and cure, which is still more useful, to the afflicted at any rate.

DYSENTERY.—Dr. F. M. Sandwith delivered three lectures on dysentery before the Medical Society of London, recently, which have been reprinted in the *Lancet* in three successive issues. They display a vast amount of learning, but when one compares this to the treatment, given in the closing lecture, the latter seems very poverty stricken; indeed, it is not going too far to assert that there are thousands of women who could do better. The remedies mentioned are calomel, soda bicarb., sodium sulphate, magnesium sulphate in drachm doses every hour, for four to six hours. For tenesmus, suppositories, of cocaine, belladonna or opium; salines, nitrate of silver or sulphate of copper; bismuth, and, sulphur in 20 grain doses. These cover internal medication, injections and the use of suppositories. No special indications are given. Surely Homœopathy is sadly needed!

MEDICAL TERMS.—Dr. Rose, of New York, gives us, in the *Pacific Medical Journal*, "Some Example of Medical Terms" that are "barbarisms, grammatically faulty, incorrect, hybred" and generally all to the bad. There are 76 samples given, and are suggestions made by Dr. Rose for the eighth edition of Roth's *Medical Lexicon*, Leipzig, 1914. After reading the mistakes our learned medical men have been making one feels that the English speaking physicians would be justified in following the example of Paracelsus and adopting their mother tongue. For instance, in place of writing "gastroptosis," when it should be "gastroptosisia" why not tell of a "displaced stomach?" In place of "furunculosis" when it should be "dothienesis," according to Rose, why not write "boils?" and so on through the jaw-breaking and heart-breaking list?

THE MONEY STANDARD FOR LIFE.—It is not clear how they arrive at it, but they do, namely, that the annual loss in the United States from "preventable deaths" is \$1,500,000,000. If

you look at it from the parental view, the sentimental, that sum wouldn't pay for "the baby" that is the joy of your heart. Yet that baby, from a purely financial point of view, will never be a source of income to you, but of expense for several years, or until it can take care of itself. If a certain proportion of human beings did not die each year the world would soon be so encumbered with the helpless old people that it would become an awful problem. There is a fallacy somewhere in the figures of the estimable gentlemen who say that each death represents a loss of so much in cold cash.

ADVICE.—A medical man of Massachusetts has been giving the public some advice concerning guarding itself against typhoid, which an exchange prints. Some of it is good, but not strikingly original, and some of it is open to discussion. For instance, he tells the people to "maintain a functional harmony in your body." That, no doubt, is very good advice, but what does it mean to the public, or, indeed, to himself? Another item is our well known friend "don't worry." Excellent, but it is something like advising the inmates of the queer house not to be lunny. "Sleep enough" is also good, but if the doctor will tell the insomniacs how to do it he will become one of the most famous doctors of the age.

"REGULAR" THERAPEUTICS.—In a letter to the *Medical Summary* Dr. G. L. Servoss says: "At the meeting of the American Medical Association, in Atlantic City, June 22-26, 1914, out of a total registration of 3,598, twenty-four men attended, or, rather, were registered in the section devoted to pharmacology and therapeutics. This was .00667 per cent. of the entire registration. If memory serves me correctly this is a smaller registration in this particular section than in 1913. And the attendance in this portion of the annual meetings is dwindling year after year." Presumably our esteemed friends of the A. M. A. are so busy with legislation to protect the people that they have no time to cure them. Or, is it that they have given up that branch of medicine as a bad job?

MEDICAL FREEDOM.—The *Journal of the American Medical*

*Association* writes of The League for Medical Freedom that it has "lifted up its voice in protest against everything in the way of sanitary progress and disease prevention, claiming in all cases that the efforts of physicians to diminish disease are a diabolical and deep laid scheme on the part of the 'medical trust' to secure complete control of the nation." This is a good partisan Whoop! but there is no fact back of it. The protest of the League, and of many others who are not of that body, is against the allopaths wanting to have the police force back of them to compel the people to submit to the practice of their medical vagaries. The allopaths have a robust faith—it requires that—that they are right, but, like the others, they should seek to prove it by deeds and not by legislative edicts.

PASTEURIZATION OF MILK.—The honest and law-abiding citizen to-day is surely between the devil and the deep sea. He has had it impressed on him by the germ-fearing scientists that milk, together with pretty much everything else under the sun save a bichloride solution or a bottle of carbolic acid, gives him germs of all sorts. *Public Health Reports* (Sept 25) tells of two epidemics of "septic sore throat" in Massachusetts, in one of which the milk supply approximated the "certified milk standard." Yet even this did not prevent the epidemic, so "sentiment seemed ripe here for a compulsory pasteurization ordinance," which, however, has not yet materialized. On the other hand, there are a number of practical medical men, "regulars," who very emphatically assert that no child can thrive on Pasteurized milk, and that kittens fed on it exclusively will die—and there the honest citizens are! Haven't we about enough of compulsion in medicine?

NERO AND HIS FIDDLE.—Professor Huelsen, in a paper read before the Archeological Society of Rome, upsets another of the world's beliefs. The popular idea is that Nero set fire to the city in order to have a little excitement, and played the fiddle as he watched the flames from a safe distance. According to Huelsen the fire broke out accidentally; the Christians, imbued with the idea of judgment day and the wickedness of the pagans, helped matters along by setting fire to the pagan

temples. Nero apparently was rather more scared than amused, and sought to appease the wrath of the gods by using his lyre in the ceremony. Incidentally it may be mentioned that, according to the encyclopædia, the violin, or fiddle, was not invented until the year 1610, a good many centuries after Nero's time.

HEALTH AND FIGHTING.—It would seem from a letter before us by a New York doctor that Markham's book, "Message of Health," would be a good one for boxers and sporting men generally to follow. The letter says that Freddie Welsh recently fought a twenty-round battle with Ritchie and defeated him; also that the diet followed by Welsh, while training for this fight, is given on page 50, of the Markham book. It is given there in Welsh's own words and as a confirmation of the dietetic principles which Dr. Markham has advocated in his book. Though not hard to follow we doubt if many will take advantage of these principles. However, though it is well to know what to do even though the most of us are more apt to know than to have the inclination to do.

COMPULSORY MEDICAL EXAMINATIONS.—The following is an editorial from the Dallas (Texas) *Morning News*: "The American Medical Association has resolved, among other things, that a law or laws should be passed requiring every man, woman and child to subject himself, herself and itself to medical examination once ever year. To which resolution we beg leave to dissent as firmly as the futility of such a proposal makes proper. Whether such a practice would result in improving the average of health or not is itself questionable. Doubtless in many instances diseases and disorders would be discovered in their incipency and be the more easily cured. But also, we are persuaded, many false diagnoses would be made and result in medication more likely to make real out of fancied diseases.

DEATH RATES.—The *Iowa Homœopathic Journal* prints an abstract of the reports of the allopathic, and of the homœopathic, hospitals connected with the State University. The allopaths treated 1,905 cases with 61 deaths and the homœopaths treated 580 cases with 7 deaths. The allopathic death rate was 3.2, while the homœopathic death rate was 1.2.



# PERSONAL.

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Everything about a gentleman should be fresh, excepting himself.

The doctor, in the chair, advised the barber to change his sign to "operating room."

The doctor who advised, "Go to Europe for a rest and change," is in bad this year.

Those who object to ever changing styles of dress ought to try Sing Sing.

Wundt remarks that "men think very little and very seldom."

In filling out a blank, the immigrant had it: "Age, 30. Born, Yes."

"The shell of peace has given place to the hell of war."—*A. J. of Sur.*

If a man cannot decide things let him get married.

"They have recently become one of the 'old families,'" remarked Miss Vere.

The visiting lady, at Washington, asked her Congressman to show her the famous "pork barrel."

The cow is the original Fletcherizer.

Some men who coin money are respected, but others have the U. S. Secret Service men after them.

A fly can raise more hades than any one of his size.

As a rule—to which there are exceptions—the V. for W. is past the bloom of youth.

The ceaseless "Don't" of the health men becomes very tiresome at times.

Man respects gray hair, but laughs at a bald head.

The Hague having failed why not try Reno?

"A word to the wise is sufficient." "Then you are not wise," enigmatically replied his wife.

Consulted for "loss of memory" the shrewd doctor asked his fee in advance.

"Put money in thy purse," wrote Shakespeare. Sure! But how?

The men who want the earth get a six-foot strip of it, like the others.

"Changing views" are generally an acknowledgment of previous error.

There is a book titled "The History of the Devil," but where did the author get his data?

When the wife said that she "was outspoken at the meeting" the husband looked incredulous.

Tango cures rheumatism according to its advocates and causes it according to some doctors.

"A fool's voice is known by multitude of words."—*Solomon.*

Trying to settle a case out of court gets many a man in the hands of the police.

# THE HOMŒOPATHIC RECORDER

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## “THE INFLUENCE OF ENFORCED DOGMATISM IN MEDICINE.”

The above is the title of a very interesting Presidential Address delivered by Sir Frederick Treves and printed in the *British Medical Journal*, Oct. 24th. After reviewing the history of alchemy Sir Frederick, who, by the way, is “Sergeant Surgeon to H. M. the King,” has this to say of the past of medicine:

In no branch of learning does the element of absolute fabrication form so large a part in the early structure of a science as it does in the case of medicine. For years—nay, for centuries—the system upon which the practice of physic was founded was a system devoid of both reason and of truth, being little more, indeed, than a jumble of elaborate nonsense.

This fiction was largely the result of the attitude of the public, who assumed that the doctor knew much more than he did; so the doctor to “save his face” invented many things, among the best of which was that when he failed the demons had been too powerful for him to cope with. Later on in the game the physician, who was supposed to stand in the Palace of Truth, was asked questions which he had to answer:

Some such invention, some such plausible fiction as the humoral pathology became a necessity. Agnosticism in Medicine, however honest, the sick man would not and could not tolerate. Some satisfying tale was as much needed to maintain the status of the physician as it was to furnish consolation to the patient. The humoral pathology enabled the doctor to answer with promptness and confidence every problem placed before him and to convey his answer with the dogmatism that the afflicted man required. \* \* \*

The body of the sick man was the seat of turmoil. Humours flying in various directions were making great havoc. They were pursued by the physician with the same alacrity as would be displayed in chasing

rats about a barn. Some humours had to be driven out; others had to be coaxed from their hiding place, for these humours, while sometimes very shy and often very bold, were always fickle and uncertain.

Some of the modern, unorthodox may smile at this and say that if you change "Humours" to "Bugs" the old boys would not be so far off the present.

In another respect the sick dogmatically forced the doctors. The sick man (as he does to-day) demanded medicine, so the doctors gave it to him in shot-gun prescriptions—as he sometimes does to-day, hoping one would hit the mark.

Here, then, is a science of medicine founded upon pure nonsense, or rather upon the fables evolved to satisfy the demand of the public for dogmatism in all that related to ill health. In this extraordinary product the physician himself believed. The tale had come to be accepted as true; it was a matter of sober study; it formed the basis of the education of every medical man, while its ridiculous gibberish became the speech of the cultured physician.

In his conclusion, Sir Frederick says that all this nonsense has been swept away, and now "medicine is an exact science." It is? The proposition is not a safe one, for when a scientist, working or contracting, fails, the case is open to suits for damages. The editor of the *British Medical Journal* in commenting on this papers says, among other things:

Homœopathy did a service to medical science, though unwittingly, by insistently reminding the profession that many sick people tend naturally to recovery with drugs.

The allopaths cannot say that the people forced them in this last quoted bit of dogmatism, for did they not faithfully try out what they assumed to be Homœopathy, namely, their "expectant treatment," which was a failure, even though it showed a lower death rate than their drug treatment?

From this sketchy outline of Sir Frederick's address it will be seen that, honest though they be, and weak to follow popular "prejudices"—is it a prejudice to believe that medicine can cure disease?—they are still just about as much in the dark concerning the *treatment* of disease as they were when they pretended to believe in demonology, or humours, being the cause of disease, and they will remain in the dark until they study the Science of Cure,

Homœopathy. There have been many advances in the allied sciences connected with medicine—diet, surgery, sanitation and the like—but in the real science, *cure*, there has been none, and Sir Frederick practically admits it.

Study Homœopathy, gentlemen!

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## THE CONFESSIONS OF A BACK-SLIDER.

By George W. Hopkins, M. D., Cleveland.

T. L. H., æt. 54, an auditor; family and personal history negative; \*urinalysis and blood analysis negative; habits excellent aside from the "worry habit," has had several mild attacks of neurasthenia. In January, 1914, the serious illness of his wife so depressed him that he fairly collapsed. Insomnia, dyspnœa, wheezing respiration, œdema of the lower extremities, impaired digestion, marked prostration, rapid emaciation, tachycardia, hoarseness, marked tremors, epistaxis, a marked "whirr" over the blood vessels, hyperæmia of liver and kidneys, Graefe's sign and L. Napoleon Boston's sign completed the disease picture. As the patient could not be induced to rest at home he was sent to one of the best old school sanatoriums in the country. Five weeks of very orthodox and scientific old school treatment made no improvement whatever except in digestion. Emaciation was steadily progressive, and the patient was rapidly becoming a mere skeleton.

Ultimate diagnosis: Hyperthyroidia.

Prognosis: Extremely guarded.

Treatment employed: Thyroidectomy, diuretics, hydrotherapy, massage, rest and vegetarian diet.

Results negative.

A partial thyriodectomy was considered, but it was a grave question, (a) as to the extent of exsection necessary to relieve the hyperthyroidia without producing myxœdema, and (b) as to whether the patient could survive such an operation. Foremost surgical consultants ruled against operation on the ground that the patient's condition was too bad to justify so grave an operation, and the only door of hope to the patient seemed to slowly close. Research demonstrated that *Arsenicum* is the direct antagonist to thyroidase, and as hyperthyroidia is really



nothing but thyroidase poisoning, *Arsenicum* should be the ideal remedy.

This remedy was, therefore, administered in the form of Fowler's solution (4 drop doses), and improvement was prompt and continuous. Insomnia, dyspnœa, œdema, tachycardia and the whole chain of nervous symptoms rapidly disappeared, weight increased six pounds the first week, and his general health steadily returned to normal.

And now to the point.

If one will put the leading symptoms of this case on one card and the leading symptoms of *Arsenicum* on another, and shuffle them up a few times he will then hardly be able to tell which is which.

*Arsenicum* was perfectly homœopathic to this case from the very beginning, and, applied in the beginning, would have cured this patient in a few weeks.

It ultimately saved the patient's life at the eleventh hour, but the eleventh hour of danger should never have arrived, and only did arrive because Homœopathy was utterly neglected in this case.

Another point merits thought.

Hyperthyroidia has existed ever since the world began, but it has never been scientifically understood or correctly diagnosed until the last few years, and as the allopathic remedy must be based on a correct diagnosis, it is perfectly apparent that they have always failed utterly to cure these cases except by the merest accident—the merest empiricism—while the law of similars has pointed to the perfect remedy in every case, regardless of diagnosis, ever since Homœopathy was born and provings were made.

All honor to the brilliant old school men who have worked so hard and sacrificed so much to learn the scientific causes of disease; but after all, the only thing which interests the patient is the cure of his case, and while the allopathic brother waits with folded arms for a scientific diagnosis upon which to base his prescriptions, the good homœopath goes about curing his cases by applying the law of similars, needing no diagnosis, and knowing that it may be a century before such cases can be properly diagnosed. It is a perfectly fair assumption that Ho-

mœopathy has saved thousands of lives which would otherwise have been lost.

Why, then, is Homœopathy not the dominating school of medicine as it should be? Not because of any error in the Law, but largely because of slip-shod practices and back-sliding followers. The writer graduated from an orthodox homœopathic school, trained by orthodox homœopathic teachers, and afterwards took post-graduate work in a famous allopathic institution. A review of his case records for eighteen years shows that he has applied high-grade Homœopathy to less than half of his cases. All through the records certain cases have been marked with red letters, "*Remarkable Results*" cases like the one cited at the beginning of this article—and it is of interest to note that in almost every one of these cases high-grade Homœopathy was the thing which brought about the splendid result. The writer finds here abundant proof that high-grade Homœopathy brings reputation to the physician and health to the desperately sick, yet he must confess that he is a homœopathic back-slider, who only applies Homœopathy to about half of his cases. And if slip-shod, back-sliding homœopaths are keeping the world from becoming homœopathic, how can back-sliding be remedied? The first step consists of making Homœopathy more profitable commercially. And here Homœopathy, in its present-day form, manifests certain limitations. A considerable part of the work in medicine consists of treating trifling ailments, cases which only pay us one or two small fees. It would be commercially suicidal to devote hours to the study of the exact homœopathic remedy for such a case, for nearly all of us are under the necessity of earning a living, and the ordinary patients will not pay a large fee for the proper treatment of such slight ills.

These cases are a curse to all of us. They make us careless, slip-shod prescribers, and coming as often as they do we finally get the habit of practicing slip-shod Homœopathy. Or, we turn to the simple allopathic remedies, digestives, laxatives, sedatives, etc., which are adequate for trifling ailments and whose employment calls for neither time nor gray matter, and in a little while we are homœopathic back-sliders.

The homœopathic writers, compilers of repertories, etc., have rendered us a great service, but it still requires altogether too

much time to make a good homœopathic prescription. It is distinctly the duty of all of us to work for methods of determining the exact simillimum in much less time, and after finding such methods to acquire the habit of using their methods in every single case which comes under our care. The clinical results then secured will constantly stimulate the faith we have in Homœopathy—something that is sadly needed by many of us. We must remember that Homœopathy won her brightest laurels in the days when the pioneer practitioners carried their text-books to the bed-side and thoroughly studied the indicated remedy, and that her popularity has waned just in proportion as we have become slipshod in our prescribing.

The greatest weakness in medical practice is the weakness of human memory. The physician depends upon his memory for everything related to diagnosis and treatment, and the patient suffers for it. Let homœopaths be the first to base their every act upon the written science, closely read in each case, rather than upon treacherous memory. Many a patient's life has been sacrificed to the pride of a physician who would not pull out his text-books and thoroughly study the case right then and there. The old homœopath, carrying his books about with him, performed miracles frequently, and we need to perform a few in this way, if only to strengthen our faith in the great Law. We can hardly pick up a newspaper or magazine without being confronted with some of the remarkable achievements of old school men, and while we may discount much of it in our minds, the constant dropping of the water gradually wears away the stone, and before we know it our faith in our school begins to wobble. Possibly some backwoods homœopath, who constantly studies his *materia medica*, is achieving bigger things, clinically, than a Flexner, but we never hear about it in the public prints, and so we get a warped idea of medical progress which cripples us as homœopaths and makes us backsliders.

We read elaborate discussions of some new, wonderful remedy they have found; our patients read about it and fairly force us to enthuse over it or be classed as old fogies; then we forget that the allopathic junk heap is piled high with remedies which were exploited with the same wild enthusiasm in the years gone by.

The field of usefulness for many homœopathic remedies was definitely outlined a century ago, and for a century we have used them just as much—effectively in their respective places every single year. During the same time thousands of remedies have come and gone in old school practice, yet we permit ourselves to enthuse over every new and sensational remedy which they exploit to the public. The only antidote for this old school enthusiasm which gets into our blood and makes us back-sliders is thorough-going Homœopathy which cures our patients after all these brilliant, grandstand players have utterly failed.

We read about their great achievement in diagnosis, and of how helpful it is in treatment, and just as we are about convinced that old-fashioned Homœopathy is way behind the times they begin to sing another song—the song they are now singing—that in their very best institutions the autopsy only confirms their diagnosis in 40 per cent. of the cases. Of course, this never creeps into the newspapers or magazines—it is reserved for their technical publications.

Now if their old contention that correct treatment can only be based on correct diagnosis is right it is perfectly plain that their present treatment is dead wrong in 60 per cent. of their cases, and that in their best institutions. Small wonder they have so many therapeutic nihilists in their ranks. They must either find far better diagnostic methods than the ones they have boasted of so loudly, or else find a system of treatment which needs no scientific diagnosis.

Good Homœopathy cures diseases perfectly a century before scientists have learned to diagnose it, and even then they change their minds on the question of diagnosis after it seems to have been settled, while the Law of Similars is as old as the Law of Gravitation.

The brilliant work of Sir A. E. Wright in the study of opsonins and vaccines unquestionably tended to make many homœopaths back-sliders, but now that the wild enthusiasm has died down and we have the right perspective, we know that opsonins have always existed, and that the indicated remedy has always increased the opsonic index even better than the best fitting of Wright's vaccines and without any of the dangers of anaphylaxis, a feature of vaccine therapy which has caused hundreds of premature deaths.



Again has a great scientific old school discovery thoroughly confirmed the century old contentions of Homœopathy. And just as our old school friends are ready to crown Wright as their great leader, Wright stands up and calls himself "the arch-homœopathist." Homœopathy has always insisted that a given disease might, in fifty different cases call for fifty different remedies, but our old school friends have always declared that each disease must have "one cause, one remedy," and their argument has been so plausible that it has tended to make us back-sliders who followed them, more or less, in the employment of their so-called "specifics."

But their great vaccine experts are now telling us that there are thousands of different strains of each germ, each having its own individual peculiarities, and that a vaccine which fits one case perfectly may be wholly inert when applied to another case of the same disease. They are mixing hundreds of different strains together in the hope of making the vaccine fit a good many cases of the same disease, and when this fails to work, as it often does, they urge the preparation of an "autogenous" vaccine, made from the patient's own germs. This means, perhaps, a thousand different kind of vaccines for a thousand different cases of the same disease.

The homœopathic argument against specifics is, therefore, now orthodox among the very men whose organizations and publications have ridiculed it for a century, and the plausible argument for "one cause, one remedy," which has so often led us astray, should never again be heard.

How often has the ridicule applied to our small doses tended to make us back-sliders, although the infinitesimal dose is no part of the Law of Similars? "Moonshine" was the favorite name applied to our attenuated remedies for generations past by the apostles of massive medication. But to-day they all admit that a single grain of Radium, when thoroughly mixed with two tons of sugar of milk, makes the whole mass radio-active, and many of us have taken perfect pictures of metallic objects on photographic plates with no light whatever except the emanations from this Radium "moonshine."

One drop of *Tuberculin* mixed with a barrel of salt water makes a solution which is frequently injected in tubercular cases

by our old school friends, but injected with extreme caution, for it frequently elevates the patient's temperature to 105 or 106 degrees, and may even cause death within twenty-four hours.

How about this "moonshine" which they themselves are handling as carefully as though it were dynamite?

The "moonshine" talk has already been dropped in connection with these remedies. How long will it be before they acquire a similar respect for other remedies which have been highly diluted?

It is admitted now that the atom is divisible—no one knows how many times—and just as we were about convinced that we knew all about bacteria we stumble upon the discovery that there are other millions of bacteria so small as to be invisible through the best microscopes in the world, and whose existence was never before suspected.

As a back-slider who has closely studied the causes of back-sliding, permit me to suggest that the greatest temptations to back-sliding are steadily disappearing, and that a reaction is setting in which will drive nearly all of us back into the ranks of pure Homœopathy, and that we will be better homœopaths for having learned the folly of following after the disappointing allurements of allopathy.

There are, however, certain practices of minor yet major importance, which are sometimes regarded as departures from Homœopathy, and which should not be so regarded. We are proud followers of Homœopathy but not slaves of Homœopathy. We can and must add to our Homœopathy anything which betters the condition of the patient. We may find that physical therapeutics, electricity, vibration, photo-therapy, radio-therapy or hydro-therapy, plus high-grade Homœopathy, gives the finest result of all in certain cases, and under such circumstances we would be criminally negligent not to employ everything that is harmonious and helpful.

There is a prejudice against some fine agencies merely because they are popular in old school circles, though they do not in any way interfere with the proper employment of the homœopathic remedy. The allopaths borrowed electro-therapeutics from successful quacks, and deserve credit for doing so. Shall we not be equally wise in advancing the interests of our patients and ourselves? Then, too, why should we make a practice of bitterly

opposing a thousand things the public wants when we can gratify their whims to a considerable extent without jeopardizing their welfare or sacrificing the indicated remedy?

A very brainy priest was once asked why he had so much statuary in his church.

"Because," he replied, "most people require something tangible upon which to hang their faith."

The homœopathic remedy is often as intangible as air, yet as solid as steel beams. Why not add to the indicated remedy some non-antagonistic tangible things upon which our patients can hang their faith?

No medical men in the world's history have studied the psychology of disease and of drug action as have homœopaths, and none have studied the psychology of success so little. Is your community enthusiastic over hypodermatic medication? If so, why not give patients hypodermatic injections of the indicated remedy? The writer has done this for years and has nothing but praise for the practice.

Do the people of your community refuse to take sugar pills seriously? Then throw every single sugar pill down the sewer. The sugar pill is no part of the Law of Similars.

We are engaged in the most serious business in the world and our patients must take our work seriously. Are folks prejudiced against tasteless medicines? Then give them something they can taste, but do it without neglecting the indicated remedy.

It may be a homœopathic crime to add a drop or two of *Tincture Gentiana* to a high dilution of the indicated remedy, but, if so, the writer will continue to commit the crime; one which he has already committed thousands of times without a single regret. The most thorough examination of these cases shows that the addition of *Gentiana* does not impair the clinical result a particle, and the same thorough examinations show that our progress stops when the indicated remedy is omitted, a fact of which they can have no possible knowledge.

Do folks like big doses? Aqua destillata is cheap. Do they think tablet triturations are cheap "moonshine?" Then throw out every tablet triturate. Honestly, now, do they get it into their heads that you give every one the same medicine from the same bottle?

Of course, they are dead wrong, but can you afford to let them even imagine such a thing? What possible objection can there be to putting out the same remedy in a dozen different forms which bear no resemblance whatever to each other?

Are your patients partial to medicine dispensed in bottles? Then, by all means, dispense it in bottles; in brown bottles if Schlitz has enthused them over brown bottles.

We have in our pure Homœopathy the greatest system of medication ever devised by the human mind, but let us lose no opportunity to dress up the remedy in a form which pleases our employers—the public—and commands their confidence.

If we but learn to despise slip-shod Homœopathy, eliminate every excuse for slip-shod work or back-sliding, and learn to command public confidence for the work to which we are devoting our lives, the offices of good homœopaths everywhere will be jammed full of paying patients.

Make Homœopathy a great commercial success by doing better work than our competitors, and crude, vacillating allopathy will die a natural death.

With an overwhelming percentage of the voters patronizing our offices, as they ought to be, we would never need to fear adverse legislation or discrimination against us.

The day is coming when we will have to establish post-graduate schools of homœopathic therapeutics in all of our great cities to educate old school men who will have become hungry for a thorough knowledge of the Law of Similars, but we will have to get right ourselves first.

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## EUGENICS AND ITS RELATION TO HOM- ŒOPATHY.

By Dr. Howard Kenneth Scatliff.

In studying the most recent literature on the subject of eugenics, the author is struck by the growing similarity between the recent findings of exponents of this science and the finer application of Homœopathy. This is more marked when it is recalled that eugenics has been defined as the "study and cultivation of conditions that may improve the physical and moral qualities of future generations." And since the proper use of the homœo-



pathic remedy tends to improve the physical and moral qualities of the *present* generation it is but logical to assume that it will react beneficially on the generations to come.

Earlier biologists, as Buffon, Erasmus, Darwin, and Lamarck, expressed the idea that personal peculiarities, either of the body or of the mind, which developed during a life cycle, were the result of outside influences. More recent investigators, as Weismann and Davenport, have demonstrated that such personal peculiarities are of central origin; that that which is transmitted from parent to progeny is from the same germ plasm by way of so-called *determiners*. Now, that which is true of the normal man is but emphasized in the pathological man. Hence we see how far Samuel Hahnemann was ahead of his time when in the tenth and eleventh paragraphs of his *Organon* he tells us that disorder, in the nature of disease, takes place *primarily* in the patient's "vital force." And Kent, in his lectures on Homœopathic Philosophy, says, while discussing Hahnemann's third paragraph, "All true diseases of the economy flow from the center to the circumference."

Homœopathic physicians owe it to themselves, to Homœopathy, to observe and record the results upon the offspring where the parent or parents have been treated and cured by means of the properly administered remedy. For instance, Davenport in discussing the pedigree of a family with tyloses, records: "That all or half of the children of an affected parent are affected, but normals of the strain, who marry outside of the family, will have no thick-skinned children." Now we, as a homœopathic profession, are entitled to know, and should endeavor to ascertain, whether or not the administration of *Antimonium crud.*, or whatever is indicated to the parent, would not put a stop to the inheritance of this characteristic. The same holds good for other diseased conditions which have been shown to have been handed down, such as cataract, nystalopia, polydactylism, diabetes mellitus, and peculiarities of somatic formation.

But of most importance is the consideration of mental peculiarities. Dr. Goddard points out that when both parents are feeble-minded, all of the children will be so likewise; but if *one* of the parents be normal and of normal ancestry all of the children may be normal; whereas if the normal person have defective germ

cells, half of his progeny, by a feeble-minded woman, will be defective. These same findings apply in epileptics. From the studies of Dr. Rosanoff and his collaborators, it appears that if both parents be subject to manic depressive insanity or dementia præcox, all children will be neuropathic also; that if one parent is affected and come from a weak strain, half of the children are liable to go insane, and that nervous breakdowns of these types never occur if both parents be of sound stock. Lawyers and those connected with the judiciary can draw a valuable lesson from these observations of Dr. Rosanoff as applied to the criminal insane. Judges, for example, may be aided in deciding the responsibility of an offender by observing the mental condition of his relatives. And a man may know what his wife will be like fifty years hence by observing his mother-in-law.

But the conclusion this brings us to is this: Since the eugenical rule is to "let abnormals marry normals without trace of the defect, and let their normal offspring marry in turn into strong strains; thus the defect may never appear again. Normals from the defective strain may marry normals of normal ancestry, but must particularly avoid consanguinous marriages." Let the homœopathic rule be: If we can, by the administration of the properly selected remedy, overcome any of these inherited stigmata in one or two generations, let us do so and thus promote the happiness and welfare of those entrusted to our care.

Elgin, Ill.

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## **A PRACTICAL ANALYSIS OF FORTY HOM- ŒOPATHIC REMEDIES.**

**Glen I. Bidwell, M. D., N. Y.**

The knowledge of the symptomatology of the remedies in our materia medica, and the art of using the same, constitute two distinct branches of Homœopathy. For instance, we may have a mass of symptoms of our remedies stored in our memories and still not have the knowledge of how to differentiate these in such a manner that we can eliminate all those that are not homœopathic to the case in hand. The difference is between science and application; between knowing and prescribing. You may say that a certain patient resembles *Bryonia*, *Rhus*, *Arnica*, or *Eupatorium*, but the distinctive symptoms which will make it an

*Arnica* case and no other may not be evident to you, or you may lack the knowledge to so apply your materia medica that *Arnica* stands out clearly so that you can be ready and willing to give *Arnica* alone and let it act curatively. I believe this lack to be the reason for the prevalence of alternation, combination tablets and polypharmacy. The object of this paper is to present forty of our most common remedies in such a way that you will be able to retain their symptomatology in a usable form, and will be able, in your acute cases, at least, to eliminate all others but the *one* remedy indicated in your case.

Forty remedies will be far from the number required in all your cases, and the forty I have included in my list will contain, no doubt, some which you never use in your individual work, while, on the other hand, some will be lacking which you find of daily use. Any list of so small a proportion of our vast materia medica would necessarily be open to such criticism; but I think that by the arrangement of this list of remedies you will acquire—by giving them a few minutes daily study—a working knowledge of the remedies you use. If it is possible for me to enable you to systematize these few remedies then I am sure that you will so arrange those which you find most often indicated, but which are absent from my list, that you may then have a working knowledge of the remedies in which you are personally interested.

It is a self-evident fact that before a remedy can be fitted to a sick patient we must have symptoms; also that to arrive at the one remedy homœopathic to your case you must find and use the right symptoms. In order to suggest at least an inkling of which symptoms to use, in following the method given in this paper, I will give a short explanation of the three classifications of symptoms.

### THREE GRADES OF SYMPTOMS.

All symptoms are divided into three classes or grades: GENERAL, PARTICULAR and COMMON, and are of value in selecting your remedies in the manner given below. The General symptoms are of first import, and unless the remedy selected contains, in its symptomatology, these general symptoms of your patient, it will not be THE INDICATED HOMŒOPATHIC REMEDY.

What are “general” symptoms? All those symptoms predicated

of the patient himself are general; those things that modify all parts of the organism; those that involve the whole man; those things that relate to the Ego. They will be stated as, "I burn so;" "I am so cold;" "I am so thirsty." Desires and aversions, and also symptoms referring to menstruation, are general symptoms. These generals may be composed of particular symptoms.

"Particular" symptoms are of secondary import in the selection of our remedy, and if that will cover the generals and particulars it will be THE REMEDY, even though the common symptoms be not manifest in their entirety. By "particular" symptoms we mean all those symptoms which are predicated of the organ and which are expressed by the patient as being local as: "My head aches;" "My stomach pains." All those symptoms which cannot be explained are peculiar or particular symptoms.

The common symptoms have the least part in your prescription and are represented by all symptoms which are common to the drug and to the disease. All pathognomonic and diagnostic symptoms are common.

The following remedies are those we will analyze: *Aconite*; *Arnica*; *Arsenicum*; *Apis*; *Antimonium tart.*; *Belladonna*; *Bryonia*; *Calcarea carb.*; *Carbo veg.*; *Causticum*; *China*; *Chamomilla*; *Colocynth*; *Digitalis*; *Drosera*; *Dulcamara*; *Gelsemium*; *Graphites*; *Hepar*; *Hyoscyamus*; *Ignatia*; *Ipecac*; *Lachesis*; *Lycopodium*; *Mercurius*; *Natrum mur.*; *Nitric ac.*; *Nux vom.*; *Phosphorus*; *Phosphoric ac.*; *Podophyllum*; *Pulsatilla*; *Rhus tox.*; *Sulphur*; *Sepia*; *Silicea*; *Staphisagria*; *Thuja*; *Veratrum alb.* and *Zincum*.

In order that we may analyze these remedies I have taken twenty-two rubrics which cover the generals as to: (1) Heat and cold; (2) mental states as related to (a) restlessness, (b) fear, (c) crossness and irritability, and (d) tearfulness; the modalities as to (3) motion, and (4) position when lying; (5) the time of aggravation as to (a) afternoon, (b) after midnight, and (c) after sleep; aggravation and amelioration from (6) pressure; generals and particulars as related to (7) thirst; aggravation from (8) eating and (9) drinking; (10) the character of the pain as found under (a) burning, (b) cutting, (c) sore, (d) throbbing, (e) cramping, and (f) bursting.

I believe that with the right use of these twenty-two rubrics



we can eliminate remedies, in the majority of our acute cases, so that we may arrive at the one and only one which will cover our individual case.

Taking our first rubric,

#### COLD AND AGGRAVATION FROM COLD.

This is covered by the following twenty-six of our forty remedies, either in the first or second degree: *Acon.*; *ARS.*; *Bell.*; *Bry.*; *CALC. C.*; *CHINA*; *Carbo veg.*; *CAUST.*; *Coloc.*; *DULC.*; *GRAPH.*; *HEP.*; *Ipec.*; *Ign.*; *Lach.*; *Lyc.*; *Merc.*; *NUX V.*; *Nat. mur.*; *NIT. AC.*; *PHOS.*; *PHOS. AC.*; *RHUS*; *Sep.*; *Sulph.*; *SIL.*

In using this rubric we must distinguish between coldness, which is a lack of vital heat, and an aggravation from cold in various forms, or amelioration from heat. These are two distinct phases. A patient who craves warmth and cannot keep warm is cold, but the particular symptoms may be aggravated from warmth and ameliorated from cold. An example is seen in *Phosphorus*, which is a very cold patient, but his stomach symptoms are better from cold drinks. When he is sick he craves cold drinks, which, however, are vomited as soon as they become warm in the stomach. His head symptoms are also better from cold. *Lycopodium*, on the other hand, is a warm remedy and often cannot stand heat, but his stomach symptoms are ameliorated by hot food and drink. *Arsenicum* is a very cold remedy, yet all his symptoms, except the head, are aggravated by cold.

Looking to the particular circumstances under which each of the remedies are affected by cold your leaders will be:

*Arsenicum* when patient is cold and has general aggravation from cold, except the headache, which will be relieved by cold.

*Calcarea carb.* has chilliness with aversion to open air and sensitiveness to cold, damp air, with aggravation of pains from slightest draft.

*China*, where there is chilliness with coldness of internal parts.

*Causticum*, where there is coldness that warmth does not relieve. The cough, diarrhœa, and rheumatism are worse from cold; paralysis from cold.

*Dulcamara*, complaints brought on by cold, damp weather and living in damp places; coryza, cough and neuralgia are worse from cold.

*Graphites*, predominantly chilly; the coryza, bone pains and stomach are worse from cold, while the skin symptoms are worse from warmth.

*Hepar* is another chilly patient; extremely sensitive to slight draft; is worse from cold wind and cold drinks; aggravation from getting a part cold.

*Lycopodium*, while a warm remedy, stands high in its particulars, being aggravated by cold, as its stomach, cough, throat and headache.

*Nitric acid*, where there is icy coldness and aggravation from least exposure; soles of feet cold. The coryza and chilblains worse, but cough better from cold.

*Nux vomica* has general chilliness over whole body; sensitive to open air; aversion to uncovering. Cough and headache are made worse.

*Phosphorus* is very cold, with coldness locally in the cerebellum, stomach, hands and feet; neuralgia, rheumatism, cough and diarrhœa are worse from cold, while the stomach and head symptoms are relieved by cold.

*Phosphoric acid*, where there is sensitiveness to drafts; abdomen and one side of face is cold.

*Rhus tox.*, where there is internal chilliness; aggravation from cold, wet, open air, drafts, cold drinks and cold east wind.

*Silicea*, where there is general chilliness, always cold; cold weather, cold water and cold in general aggravate.

If the above do not cover your case examine the following:

*Aconite* is worse from cold, dry winds, complaints from riding in; makes the coryza, conjunctivitis, toothache, croup, cough and rheumatism worse.

*Belladonna*, where there is aggravation by going from warm to cold; aggravation from drafts and cold wind.

*Bryonia*, where there is chilliness; complaints from cold drinks in hot weather.

*Carbo veg.*, where there is susceptibility to cold. Cold nose, knees, etc.

*Colocynth*, where there is coldness of whole body; aggravation from cold weather; stomach, coryza, gastritis and rheumatism are worse from cold; tearing, stinging pain in face from taking cold.

*Ipecac* has oversensitiveness to both heat and cold; colic from cold drinks; aggravation in winter.

*Ignatia* has chill predominating; cold winds and air alike aggravate; washing hands in cold water aggravates pains; nose, feet, and legs up to knees are cold.

*Lachesis* has a coldness over the whole body; limbs and upper lip cold; throat worse from drafts.

*Mercurius*, cannot bear cold; extremely sensitive. Coldness in ears, testicles and lower limbs.

*Natrum mur.*, icy coldness about the heart; coldness of feet, joints, back and stomach.

*Sepia* has coldness over whole body; sensitive to cold, damp air; the cough, eruptions, toothache and rheumatism are worse from cold.

*Sulphur* is worse in cold, windy weather; in damp, cold weather; the throat and the diarrhœa are worse from cold.

#### WARMTH AND AGGRAVATION FROM WARMTH

Are covered by the following eighteen remedies: *Apis*; *Ant. t.*; *Bry.*; *Dulc.*; *Dros.*; *Graph.*; *Ipec.*; *Lach.*; *Lyc.*; *Merc.*; *Nat. mur.*; *Phos.*; *Puls.*; *Secale*; *Sulph.*; *Sepia*; *Verat.* and *Zinc*.

Your leaders will be:

*Apis*, where there is general condition of warmth with aggravation from warm room. The chill and headache are worse from warmth.

*Pulsatilla* is too warm, with great internal heat; aggravation from warm room and warm food; from heat of stove, with general aggravation of all complaints from heat.

*Secale*, cannot bear heat, will throw off all the covering; aversion to heat; internal pains much aggravated by heat. Warm drinks aggravate the coldness of stomach.

*Antimonium tart.*, the head is worse from warmth; cough is worse from warm drinks; aggravation from getting warm in bed; drowsy from warmth.

*Bryonia*, head, face and chills are worse. Cough worse from warm air and room.

*Dulcamara*, the cough, nettle rash and sneezing worse from warmth.

*Graphites*, is worse from dry heat in the evening and night;

itching is worse from heat of stove; toothache is worse from warmth.

*Ipecac*, the heat aggravates the chill; worse from warm, moist, south winds.

*Lachesis*, worse in warm spring weather (*e. g.*, diarrhœa) and from warmth of bed; diarrhœa aggravated.

*Mercurius*, the external pains worse from warmth of bed; extremely sensitive to heat; headache, mumps, toothache, rheumatic pains and itching are worse.

*Natrum mur.*, is worse from heat of sun and in summer; cough and headache worse; toothache aggravated from warm food.

*Phosphorus*, while cold, cannot tolerate heat near back; warm water causes toothache; warm food causes diarrhœa; warm drinks < cough; stomach is worse from heat; hands, face and arms become red from heat, and itching is worse.

*Sepia*, general aggravation in warm room, warm climate, and from covering; conjunctivitis and headache worse; breathing oppressed from warmth.

*Veratrum* has cough worse in warm room; neuralgia worse from warmth of bed; diarrhœa worse in warm weather.

*Zincum*, complaints from becoming heated and getting cold; rheumatism from overheating; warm room aggravates headache.

#### RESTLESSNESS.

The following thirty-two remedies have restlessness, either mental or physical: ACON.; ARS.; *Apis*; *Ant. t.*; BELL.; *China*; CALC. C.; *Carbo v.*; *Caust.*; *Cham.*; COLOC.; *Dulc.*; DIG.; HYOS.; *Ipec.*; *Ign.*; LYC.; *Lach.*; MERC.; *Nux v.*; *Nat. mur.*; *Nit. ac.*; *Phos. ac.*; PULS.; *Rhus. t.*; SULPH.; SECALE; SEP.; SIL.; STAPH.; *Thu.*; *Verat. a.*

Your leaders will be:

*Aconite* changes position constantly; impatient and anxious at night; must walk or move about, although it does not relieve pain. Does everything in great haste.

*Arsenicum*, mental and physical restlessness; goes from one bed to another.

*Belladonna*, during colic; with cardiac trouble; striking, biting; wants to fly away from pains.



*Calcareo carb.*, mental anxiety and restlessness; child cross, fretful and restless.

*Digitalis*, where restlessness is associated with great nervous weakness.

*Hyoscyamus*, turns from one place to another.

*Lycopodium*, restless from oversensitiveness to pain; during colic.

*Mercurius*, mental; desire to flee, with anxiety; everything is done hastily; must constantly change places; uneasiness; restless 8 P. M. until morning.

*Pulsatilla*, mental restlessness and changeability; forces him to get up at night; cannot rest, although motion aggravates.

*Rhus tox.*, cannot remain quiet although it hurts to move; mental restlessness.

*Sulphur*, uneasiness and excitation of nervous system; constantly moving feet.

*Sepia*, throbbing in all the limbs will not permit of quiet.

*Silica*, fidgety; starts at least noise; internal restlessness and excitement; body restless when sitting long.

*Staphisagria*, restlessness with lack of inclination to move; hurts to move.

*Zincum*, feet fidgety; must move them constantly.

The following have restlessness in the second degree:

*Apis*, is very busy; does nothing right; changes kind of work frequently; uneasiness, mental and physical.

*Antimonium tart.*, anxiety; tossing about; throws arms.

*Carbo veg.*, restless at night, or 4 to 6 P. M.; mental restlessness.

*Causticum*, restlessness of body, worse evening; wants to run away; obliged to walk about.

*Colocynth*, restlessness with diarrhoea; weak but has to move; finds rest in no position; headache compels him to walk.

*Dulcamara*, great restlessness; impatience; general uneasiness.

*Ipecac*, is restless in fevers.

*Lachesis*, must change position frequently, with pain in back and limbs.

*Natrium mur.*, restless with chill; must move limbs constantly; hastiness.

*Phosphoric acid*, walking relieves oppression of chest, pain in loins, hip joints, thighs, and pain in the bones.

*Thuja*, tossing about at night from anxiety; mental restlessness.

*Veratrum*, must walk about; mental restlessness; constant twitches and silly motions; cannot dress herself.

#### IRRITABILITY.

The following thirty-four remedies are cross and irritable:

ACON.; *Arn.*; *Ars.*; APIS; *Ant. t.*; BELL.; BRY.; CHAM.; CALC. C.; *China*; CARBO V.; CAUST.; *Coloc.*; *Dulc.*; *Dig.*; *Gels.*; HEP.; *Lach.*; LYC.; *Merc.*; NUX V.; NAT. MUR.; NIT. AC.; PHOS.; PHOS. AC.; PULS.; RHUS T.; SULPH.; SEP.; SIL.; *Staph.*; *Thuj.*; *Verat.*; ZINC.

Your leaders will be:

*Aconite*, pains intolerable, drive him crazy; ailments from anger.

*Apis*, is hard to please; irritable; ailments from rage and vexation.

*Belladonna*, quarrelsome; violent rage; bites and strikes and screams.

*Bryonia*, weeping; angry; peevish; wants to be alone.

*Chamomilla* is always out of humor; peevish; quarrelsome; angry.

*Calcaria carb.*, is cross during day; obstinate; vindictive; easily angered.

*Carbo veg.*, is excitable and peevish; strikes, kicks and bites in rage.

*Causticum*, is peevish, fretful, quarrelsome, disturbed and ill-humored.

*Hepar*, gets angry at least trifle; obstinate, cross, extreme violence; threatens murder and arson; passionate fretfulness.

*Lycopodium*, is peevish and cross on awaking; cannot endure least opposition; obstinate; defiant, arbitrary; morose, worse before menses.

*Nux vom.*, is sullen; quarrelsome; oversensitive; scolding; ill-humor; gets so mad he cries; stomach complaints after anger; frightened easily.

*Natrum mur.*, ill-humor in the morning; great irritability; cross when spoken to; gets into passion about trifles; bad effects from anger or reserved displeasure.

*Nitric acid*, is headstrong; trembles while quarreling; fits of rage with cursing; vexed at trifles; sad and obstinate.

*Phosphorus*, is excitable and easily angered; irritability of mind and body; prostrated from least unpleasant impression.

*Pulsatilla*, is out of sorts with everything; fretful, easily enraged; taciturn.

*Rhus tox.*, impatient; vexed at every trifle; depressed and ill-humored.

*Sepia*, vexed and disposed to scold; fretful about business; irritability alternating with indifference; nervous irritability.

*Silica*, headstrong; obstinate and violent.

*Sulphur* is obstinate; destructive and easily excited.

*Thuja*, is easily angered about trifles; obstinate and quarrelsome.

*Zincum*, is cross towards evening; irritable; peevish; terrified; fretful; cries when vexed.

The following remedies will be less often of use:

*Antimonium tart.*, is worse after anger; weeps and cries in anger.

*Arnica*, is oversensitive; ailments from anger.

*Colocynth*, throws things in anger; diarrhoea, vomiting and suppressed menses from anger.

*Dulcamara*, is easily angered and quarrelsome.

*Digitalis*, is gloomy and distrustful.

*Gelsemium*, is gloomy and wants to be left alone.

*Graphites*, is fretful and impudent.

*Lachesis*, has a sensitive and jealous disposition.

*Staphisagria*, has ailments from vexation or reserved displeasure; child cries for things, which, when angry, it throws away.

*Veratrum alb.*, curses and howls all night; attacks of rage with swearing.

#### FEAR.

ACON.; *Arn.*; *Ars.*; *Bell.*; *Bry.*; *Calc. c.*, *Caust.*; *Carbo v.*; DIG.; *Gels.*; GRAPH.; *Hep.*; *Hyos.*; IGN.; LYC.; *Merc.*; *Nat. m.*; *Nux v.*; PHOS.; *Puls.*; *Sulph.*; *Verat.*

Among these twenty-two remedies you will find your leaders to be:

*Aconite*, has ailments from fright; afraid of crowds; ghosts; death; dark; of falling.

*Belladonna*, has fear, worse in day time; of ghosts; of water; hides from fear.

*Digitalis*, is constantly tortured by fear of death; fear of future.

*Graphites*, is apprehensive; full of fear in the morning.

*Ignatia*, has a dread of every trifle; terror; fear of thieves.

*Lycopodium*, is timid; apprehensive; easily frightened even by slight noises.

*Phosphorus*, has a fear and dread of death; fear during thunder storms; of faces, as if horrible faces were looking out of every corner.

The following remedies also may be found useful:

*Arnica*, has fear of being struck or even touched; of death.

*Carbo veg.*, is easily frightened and has nightly fear of ghosts.

*Causticum* is timorous, is afraid to go to bed alone; full of frightful ideas; that something unpleasant will happen; fear of death.

*Gelsemium*, has lack of courage; fear of death; bad effects of fright.

*Hepar*, has violent fright on going to sleep.

*Hyoscyamus*, stands high in complaints from fright; fear of being alone, of being injured, and of poison.

*Mercurius*, is afraid that she will kill herself: of being alone; that he will lose his mind.

*Natrum mur.*, fears that foetus will be marked; that something is going to happen; that she will lose her reason; chorea after fright.

*Pulsatilla*, has diarrhoea after fright; dread of people.

*Sulphur*, has a fear that he will be ruined financially.

*Veratrum alb.*, has a fear that takes breath away; coldness, fainting and involuntary stool after fright; of death; easily frightened.

#### TEARFULNESS.

Patients that are tearful are covered by the following twenty remedies:

*Acon.*, *APIS*; *Ant. t.*; *Bell.*; *Bry.*; *Calc. c.*; *Carbo v.*; *CAUST.*; *Dig.*; *GRAPH.*; *Hep.*; *IGN.*; *LYCO.*; *NAT. M.*; *Phos.*; *PULS.*; *RHUS T.*; *SULPH.*; *SEP.*; *VERAT.*

Your leaders will be:

*Apis*, when they are discouraged and despondent.



*Calcarea carb.*, when they are easily offended. Despair of life.

*Causticum*, is hopeless, looks on dark side of everything; weeps during day; whines; least thing makes child cry.

*Graphites*, has inclination to weep; cries about slightest occurrence; weeps from music.

*Ignatia*, has inward grief; alternating weeping and laughter; sits alone and weeps.

*Lycopodium*, cries all day; weeps when thanked; sensitive and melancholy.

*Natrum mur.*, is sad and weeps without cause; when spoken to; concern about future.

*Pulsatilla*, cries from sadness or joy; from vexation and mortification; over nothing; when telling her symptoms.

*Rhus tox.*, has weeping with prostration, worse evening; desires solitude; begins to weep without knowing why.

*Sepia*, has involuntary weeping; great sadness with frequent attacks of weeping; worse walking in open air.

*Sulphur*, cries from consolation; during day and because she is depressed about illness.

*Veratrum alb.*, cries, howls and curses over fancied misfortunes.

Less often indicated will be:

*Aconite*, sadness alternating with laughter.

*Antimonium tart.*, cries from anger; from being touched; during cough; whines.

*Belladonna*, howls; cries from vexation and hopelessness.

*Carbo veg.*, thinks he has committed some crime, which causes him to weep.

*Digitalis*, sighing and weeping; worse from music; tearfulness with low spirits.

*Hepar*, is low spirited and sad, must cry for hours.

*Phosphorus*, tearfulness alternating with mirth.

#### AGGRAVATION FROM LYING.

Aggravation from lying is covered by seventeen remedies, as follows:

*Acon.*; *ARS.*; *APIS*; *Ant. t.*; *Bell.*; *CHAM.*; *DULC.*; *DROS.*; *HOYS.*; *Lach.*; *LYC.*; *Nux v.*; *PHOS.*; *Phos. ac.*; *PULS.*; *RHUS T.*; *SEP.*

Your leaders will be:

*Arsenicum*, must lie but pains are worse; breathing is worse.

*Apis*, worse from lying on left side; chest, breathing and cough are worse lying on left side.

*Chamomilla*, flickering before eyes, nausea, vertigo, neuralgia, pain in thighs, and swallowing are worse; aggravation from lying on back.

*Dulcamara*, has headache, cough and rheumatic pains worse when lying.

*Drosera*, is worse from lying in bed; on the sore side; aggravation of cough.

*Hyoscyamus*, lies on back, but cough is worse when lying.

*Lycopodium*, the cough is worse from lying on left, and better on right side; lying on back aggravates breathing; abdomen and cough worse lying on right side.

*Phosphorus*, lying on back relieves pneumonia; on right side relieves diarrhœa, stitches in chest and after pneumonia. Lying on left side aggravates heart, cough, rheumatism, and diarrhœa.

*Pulsatilla*, is worse from lying on back during pains, and from lying on the left or painless side. Urging to urinate aggravated lying on back.

*Rhus tox.*, lying aggravates the cough: vertigo: back: rheumatism and trembling.

When the above do not cover the case one of the following may be indicated:

*Aconite*, lying is unbearable during fever; palpitation worse; chest and cough aggravated from lying on right side. Cheek lain on sweats.

*Antimonium tart.*, is worse from lying on affected side; earache; vomits when lying any way but on right side.

*Belladonna*, headache and cough are aggravated lying on right side; aggravates pain in liver.

*Lachesis*, has pain in lungs, left arm, back, in spine, and suffocation, all worse lying: involuntary urination when lying.

*Nux vom.*, cough and pains in chest worse lying on back; cannot lie on right side; asthma; sneezing and headache worse lying.

*Phosphoric acid*, vertigo and tickling in chest when lying in bed.

*Scpia*, headache worse lying on back; on left side aggravates cough.

#### AGGRAVATION FROM MOTION.

The following twenty remedies are worse from motion:

*Arn.*; *Ars.*; *Apis*; *BELL.*; *BRY.*; *Carbo v.*; *COLOC.*; *Dig.*; *Gels.*; *Hep.*; *Ipec.*; *Lach.*; *MERC.*; *Nit. ac.*; *NUX v.*; *Phos.*; *SULPH.*; *SIL.*; *Verat.*; *Zinc.*

Your leaders will be found under:

*Belladonna*, where they are worse from least jar; aversion to least motion; colic, worse from bending backwards. Staggers when rising from seat; headache, vertigo, pains in face, diarrhœa, metrorrhagia and cough worse from motion; cannot bear to stoop.

*Bryonia*, has general aggravation from least motion: walking, ascending, rising, stooping and a misstep aggravate conditions.

*Colocynth*, turning head, stooping and walking aggravates; rheumatism, pain in abdomen, and in eyes, are worse from motion.

*Mercurius*, pain in spine; joints; knee, palpitation, stitches and ulcers are worse.

*Nux vom.*, ascending aggravates cough; on rising from seat vertigo and pain in right kidney are worse; turning in bed and walking aggravates brain and abdomen; staggers when walking.

*Sulphur*, headache; noise in ears; soreness between thighs, are worse from motion: walking aggravates head, sciatica, legs, burning soles (cramps in soles at every step); stooping makes head worse; ascending and rising from seat aggravate.

*Silica*, has general aggravation from even the slightest motion; stooping; rising and walking, aggravate complaints.

The following have *particulars* aggravated from motion:

*Apis*, the headache, chill, stiffness and rheumatism are worse: stooping, walking, and least motion of hands, aggravate.

*Arsenicum*, headache, ovarian pains, constriction of chest, are worse: raising in bed aggravates headache; walking and ascending aggravate.

*Arnica*, headache, chills, chest, stomach, stiffness and soreness are worse.

*Carbo veg.*, has difficult breathing on slightest motion; turning in bed and walking aggravate.

*Digitalis*, motion brings on angina pectoris; desire to urinate and defecate. Oppressed breathing and asthma when walking; palpitation and cyanosis from motion; cough worse from moving arms upward.

*Gelsemium*, fears heart will stop unless he keeps constantly in motion; headache, eyelids, and cramps in legs, worse from motion.

*Hepar*, pain in back and limbs from walking up and down stairs; stooping and moving head aggravate headache.

*Ipecac*, slightest motion causes nausea: griping in intestines; sweat; cramps between scapulæ; cutting in intestines, and constriction of throat are worse.

*Lachesis*, has aversion to every kind of motion: walking aggravates vertigo and dyspnœa; headache, chest and suffocative attacks are worse.

*Nitric acid*, has vertigo; soreness in anus; stitches in vagina and sudden loss of breath when walking. Dyspnœa and palpitation on ascending; headache, chill and pain in abdomen, worse from motion.

*Phosphorus*, headache; dyspnœa; weakness in abdomen; exhaustion; pain in heel and staggers when walking; vertigo, cardialgia, palpitation, cough and involuntary stools, all aggravated from motion.

*Veratrum alb.*, least motion aggravates nausea and vomiting. Rising aggravates the cough. Headache, cutting in stomach, debility and dyspnœa are worse.

*Zincum*, slightest motion causes cutting pain from back into calves and feet: walking aggravates vertigo, headache, flatulent colic, burning anus, involuntary urine, and pain in knees and heel. Nausea, liver, chest and intercostal neuralgia are worse.

#### AGGRAVATION DURING AFTERNOON

Is covered by the following eighteen remedies:

*Apis*; BELL.; Bry.; Coloc.; Dulc.; Dig.; Ign.; LYC.; Merc.; Nat. m.; Nit. ac.; Phos.; PULS.; RHUS T.; SEP.; SIL.; THUJ.; ZINC.

Your leaders will be found under:

*Belladonna*, when worse from 3 P. M. to midnight.

*Lycopodium*, 3 or 4 and 4 to 8 P. M.



*Pulsatilla*, 3 to 6 P. M.; general aggravation in evening.

*Rhus tox.*, fever worse at 2 P. M.; paroxysms appear at 5 P. M. in intermittent fever.

*Sepia*, has aggravation from 3 to 8 P. M.; fever, vertigo and pains worse.

*Silica*, has general evening and night aggravation; heat and thirst worse from 3 to 5 P. M.

*Thuja*, has chill at 5:30 P. M.; mucous stool at 6 P. M.; pressing in vertex worse.

*Zincum*, chill from 4 to 8 P. M.; cardialgia 3 to 4 P. M.; moroseness; vertigo, burning in eyes, sneezing, thirst, weakness and thoughts of death, worse; sensitiveness to open air in afternoon.

*Particulars* that are aggravated in afternoon are found in the following:

*Apis*, has chill at 3 to 4 P. M.

*Bryonia*, headache; frequent urination worse 6 to 7 P. M.; sciatica and many complaints worse afternoon.

*Colocynth*, has aggravation from 4 to 9 P. M.

*Digitalis*, has 4 to 6 P. M. aggravation.

*Ignatia*, the pains gradually increase afternoon till evening; 4 P. M. aggravation.

*Mercurius*, chilly 5 to 6 P. M.; coldness in testicles in afternoon.

*Natrum mur.*, has heat, chill, and cold feet, in afternoon.

*Nitric acid*, has cough, chill, vertigo, and incarcerated flatus, worse afternoon.

*Phosphorus*, has aggravation from 3 to 6 P. M.

#### WORSE AFTER MIDNIGHT

Is covered by the following thirteen remedies:

ARS.; BRY.; CALC. C.; DROS.; GELS.; MERC.; NUX V.; PHOS.; POD.; RHUS T.; SULPH.; SIL.; THUJ.

Your leaders will be:

*Arsenicum*, worse from 1 to 2 A. M.; anxiety; restlessness; diarrhoea; heat and coldness.

*Drosera*, has aggravation of nausea; cough; heat and cutting pains.

*Nux vom.*, is worse from 3 to 4 A. M.; cough, renal colic and sweat, are worse.

*Phosphorus*, has aggravation of sweat, coryza and cough.

*Podophyllum*, has a diarrhoea with pain in abdomen at 3 A. M.; cramps in the intestines from 5 to 9 A. M.

*Rhus tox.*, has general aggravation after midnight; restlessness, cramps and itching are worse.

*Silica*, has general aggravation after midnight. Chill 1 to 7 A. M.; wakens at 2 A. M.; sweat at 6 A. M.; diarrhoea from 6 to 8 A. M.

*Thuja*, has aggravation of chill; headache and rheumatism; pressing in vertex from 3 to 4 A. M.; chill at 3 A. M.

The following also have less marked aggravation after midnight:

*Calcarea carb.*, worse from 2 to 3 A. M.; sweat and cannot sleep after 3 A. M.

*Gelsemium*, has dreams; enuresis and leucorrhoea.

*Mercurius*, has thirst, ptyalism with nausea; heat with violent thirst for cold drinks, worse after midnight.

*Sulphur*, has aggravation at 4 and 5 A. M.; sweat after waking from 6 to 7 A. M.; cough until 2 A. M.

#### AGGRAVATION AFTER SLEEP

Is found in the following fourteen remedies:

*Acon.*; *Arn.*; *Ars.*; *Apis*; *Carbo v.*; *Caust.*; *Hep.*; *LACH.*; *Lyco.*; *Phos.*; *Phos. ac.*; *Puls.*; *Rhus*; *SULPH.*

Your leaders under this rubric will be:

*Lachesis*, where there is general aggravation after sleep and where complaints come on during sleep.

*Sulphur*, starts and screams after sleep; wakens frightened; diarrhoea after sleep.

The following have aggravation after sleep in the second degree:

*Aconite*, on going to sleep fever becomes intolerable; starts from nightmare.

*Arsenicum*, starts from sleep and is weary after sleep.

*Carbo veg.*, has aggravation of coldness of feet and legs after sleep.

*Causticum*, is worse on awaking; must sit up; cramps in heels after sleep.

*Hepar*, fright during and suffocation after sleep.

*Lycopodium*, is hungry and unrefreshed; cross, kicks and scolds after sleep.

*Phosphoric acid*, has sad thoughts; dry heat and hunger after sleep.

*Phosphorus*, is anxious and unrefreshed.

*Pulsatilla*, has indigestion and is languid and unrefreshed after sleep.

*Rhus tox.*, is anxious, weak, restless, trembling, and it seems as if he had not slept.

#### AGGRAVATION FROM PRESSURE

Is found in the following thirteen remedies:

*Ars.*; *APIS*; *Bry.*; *Carbo v.*; *HEP.*; *LACH.*; *LYC.*; *Merc.*; *Nat. m.*; *Nit. ac.*; *Nux*; *SIL.*; *STAPH.*

Your leaders will be:

*Apis*, is sensitive to light touch, cannot bear the sheet to touch skin; every hair is painful; child stiffens when touched.

*Hepar*, has dread of contact and extreme sensitiveness; scalp, eye, renal region, muscles of neck and external throat are aggravated from pressure.

*Lachesis*, is worse from slightest touch; pressure produces black and blue marks; pressure on larynx causes cough; throat and abdomen sensitive.

*Lycopodium*, is sensitive to pressure in all soft parts; tight clothes and weight of clothes aggravate; liver especially sensitive.

*Silica*, cannot tolerate pressure below floating ribs; scalp and pit of stomach worse from pressure; parts on which he lays go to sleep. Touch aggravates drawing in head, toothache, eye, liver, vagina, and pain in elbows.

*Staphisagria*, neuralgia of scalp, ovary and ulcers, are worse from pressure; touch aggravates drawing in head, toothache, ulcers and knee-joint.

*Particulars* under following are aggravated from pressure in second degree:

*Arsenicum*, has scalp, stomach and abdominal symptoms aggravated from pressure.

*Carbo veg.*, the scalp, liver and perineum are aggravated.

*Mercurius*, has aggravation of head, teeth, gums, stomach, liver, bladder, spine, ulcers and bone pains.

*Natrum mur.*, must loosen clothing; touching hair causes it to fall out; nose, jaw, teeth, epigastrium and spine are aggravated.

*Nitric acid*, condylomata bleed when touched; eruption, iritis, teeth, abdomen, anus and ulcer are worse from touch.

*Nux vom.*, tight clothing aggravates soreness over liver; touching with the hand brings on spasm; stomach, liver, scalp and abdomen are aggravated by pressure.

## RELIEF FROM PRESSURE

Is found in the following ten remedies:

*Apis*; BRY.; CHINA; COLOC.; DROS.; *Dulc.*; *Graph.*; PULS.; *Rhus*; SIL.

Your leaders for this amelioration will be:

*Bryonia*, has general relief from pressure.

*China*, has a drawing headache and pressure from middle of sternum, which is relieved; pressure in region of liver relieved by bending body forward.

*Colocynth*, is relieved from firm, hard pressure.

*Drosera*, holds chest firmly when coughing or sneezing; pains in face, stomach, and stitches in chest relieved by pressure.

*Pulsatilla*, hard rubbing relieves; headache, left chest, pains in arm and throbbing in arteries, relieved by pressure.

*Silica*, while many of the pains are *worse* from touch and pressure the headache is *relieved* by hard pressure or by tying the head tightly.

The following *particulars* are relieved by pressure:

*Apis*, has a headache relieved by pressure while all other symptoms are worse.

*Dulcamara*, the pains in chest and stitches in back are relieved.

*Graphites*, has a colic relieved by pressure, although the liver and abdomen are worse from tight clothing and pressure.

*Rhus tox.*, has a sciatica relieved by rubbing; pain in back, right nates, crest of left ilium, hip and leg are relieved.

## THIRST.

The following twenty-one remedies have THIRST in the first or second degree:

ACON.; *Arn.*; ARS.; *Bell.*; BRY.; CALC. C.; CHAM.; CHINA; DIG.; *Hyos.*; *Lach.*; MERC.; *Nux v.*; NAT. M.; *Nit. ac.*; PHOS.; *Podo.*; RHUS; SULPH.; SIL.; VERAT.



This rubric is common to many disease conditions and to many remedies. If there is nothing to account for the thirst it is an important symptom, but if the patient is running a high temperature, or is working in the heat, or has a disease like diabetes it would be a common thing for him to be thirsty, and under such circumstances your symptom of thirst would have no place in your symptom picture.

Your leaders for general and particular thirst symptoms will be:

*Aconite*, has a burning, unquenchable thirst and desires bitter drinks, wine, brandy and beer.

*Arsenicum*, wants cold water a little and often; burning, unquenchable, during sweat; desires acids, coffee, milk, wine, beer and brandy.

*Bryonia*, has a great thirst with internal heat; wants large drinks at long intervals; warm drinks relieve.

*Calcarea carb.*, has a thirst which drinking does not relieve, worse at night; desires cold drinks and acids.

*Chamomilla*, has thirst for cold water and weakness and nausea after drinking coffee; toothache relieved by hot water; desires acids.

*China*, has thirst before or after chill and during sweat; wants to drink little and often.

*Digitalis*, has a continuous thirst with dry lips; desires sour and bitter drinks.

*Mercurius*, has a moist tongue with burning thirst for cold drinks.

*Natrum mur.*, has a constant thirst without desire to drink, worse in the evening; longing for bitter, sour things and for milk, with aversion to coffee.

*Phosphorus*, wants very cold drinks; his stomach is relieved by them until they become warm, when they are vomited. Desire for refreshing drinks, with aversion to boiled milk, coffee and tea.

*Rhus tox.*, has a dry throat at night and wants only cold drinks.

*Sulphur*, drinks much and eats little; violent thirst for ale and beer.

*Veratrum alb.*, wants everything ice cold, little and often; desires cold drinks.

The following remedies will be of use when their particular thirst is present :

*Arnica*, has a thirst for cold water without fever; constant desire for vinegar.

*Belladonna*, great thirst, but drinking suffocates; desires lemonade.

*Hyoscyamus*, has a dread of water; unquenchable thirst with inability to swallow.

*Lachesis*, constant thirst, but is afraid to drink; disgust for drink.

*Nux vom.*, has thirst during chill; in morning; desire for beer and brandy.

*Nitric acid*, violent thirst in the morning.

*Podophyllum*, great thirst for large quantities of cold water. Desires sour things.

#### AGGRAVATION FROM EATING AND AFTER EATING

Is found in the following twenty-seven remedies, either in the first or second degree:

ARS.; *Ant. t.*; *Bell.*; BRY.; *Cham.*; CALC. C.; *China*; *Carbo v.*; CAUST.; COLOC.; *Graph.*; *Hyos.*; LACH.; LYC.; NUX V.; NAT. M.; *Nit. ac.*; PHOS.; PHOS. AC.; PULS.; *Podo.*; *Rhus t.*; SULPH.; SEP.; SIL.; *Thu.*; ZINC.

Your leaders under this rubric will be:

*Arsenicum*, feels better on an empty stomach: bitter taste, nausea, painless stools and chill are worse.

*Bryonia*, has many symptoms directly after dinner: weight and pressure in stomach after eating; complaints from eating oysters, old sausage, old cheese, salads, cabbage and potatoes, fresh, green vegetables. Pertussis worse after eating.

*Calcarea carb.*, nausea and pressure in stomach after eating. Toothache, cough, heart symptoms, stool and heat worse from eating.

*Causticum*, complaints from eating bread, fat and fresh meat.

*Colocynth*, has diarrhœa from least food or drink; colic from potatoes; griping and flatulency after eating; pains worse from eating or drinking.

*Lachesis*, has vertigo; languor; drowsiness; dyspnœa; flashes or heat; pressing in stomach; diarrhœa after eating or made worse by eating.

*Lycopodium*, fills up after a few mouthfuls; drowsiness; pressure in stomach and liver; spitting up food after eating; bad effects from onions, oysters and rye bread.

*Nux vom.*, is so sleepy after eating; must loosen clothing after; hypochondriacal mood, sour taste, pressure, pyrosis, after eating, also cough is worse.

*Natrum mur.*, always feels better on empty stomach; sweat on face while eating; nausea, palpitation and acidity after eating.

*Phosphorus*, has pains which begin while eating and last until he stops; desires cold food and drink; nausea, belching and fullness of stomach after eating.

*Pulsatilla*, is useful in bad effects from pastry, rich food, fats, onions and buckwheat.

*Sulphur*, drinks much and eats little; complaints aggravated from eating even a little; milk disagrees.

*Scpia*, has pains aggravated immediately after eating; aggravation from bread, milk, fats and acids.

*Silica*, has chilliness on back and icy cold feet after eating in evening; sour eructations, fulness in stomach; waterbrash and vomiting large masses of water after eating.

*Zincum*, has heartburn from eating sugar; worse from wine and milk.

*Worse after eating* is given in the second degree in the following remedies:

*Antimonium tart.*, has somewhat of relief of pressure in stomach after eating, still eating sour food brings on attack of asthma.

*Belladonna*, has pressure in stomach and putrid taste in mouth after eating.

*Chamomilla*, heat and sweat of face during and after; vertigo, nausea and abdomen puffed up after eating.

*China*, is drowsy, and uneasy after eating; headache and fulness in stomach after.

*Carbo veg.*, dreads to eat because of pain; headache, acid mouth, heaviness, fulness, hot eructations, and burning in stomach, after eating; feels as if abdomen would burst after meals; butter, fats, fish and pastry disagree.

*Graphites*, has disgust for and nausea from sweet things; hot things disagree.

*Hyoſcyamus*, has hiccough with ſpaſms and rumbling after eating.

*Nitric acid*, has bitter taſte; heavy weight in ſtomach, debility, heat and palpitatiſon after eating; food cauſes acidity; fat food cauſes nauſea and acidity.

*Phoſphoric acid*, has preſſing in ſtomach and bitter eructations after eating; diarrhœa from acids and ſour foods.

*Podophyllum*, has a craving appetite after eating; nauſea and vomiting of food one hour after eating; diarrhœa and ſour hot eructations after eating.

*Rhus tox.*, ſleepineſs, fulneſs in ſtomach and giddineſs after eating.

*Thuja*, for the bad effects of beer, fat, acid, ſweets, tobacco, tea, wine and onions.

The character of the pain is a ſymptom always brought out by the patient; under

#### BURNING PAINS

We find the following twenty-eight remedies:

ACON.; *Arn.*; ARS.; *Apis*; BELL.; BRY.; *China*; *Carbo v.*; *Caust.*; *Coloc.*; *Dulc.*; *Dros.*; *Graph.*; *Ign.*; *Lach.*; *Lyc.*; MERC.; NAT. M.; NIT. AC.; NUX V.; PHOS.; PHOS. AC.; PULS.; RHUS; SULPH.; SEP.; SIL.; *Zinc*.

Your leaders for this rubric will be:

*Aconite*, where there is burning in internal parts; of the lips and tongue.

*Arsenicum*, has burning pains relieved by heat; through the veins: head, eyes, noſe, ulcers, mucous membranes, liver, ovaries, back, ſpine and joints burn.

*Belladonna*, has burning in eyes, noſe, ſtomach, throat, cheſt and ovary.

*Bryonia*, the head, eyes, ribs, liver, abdomen, ſtool, urine and cheſt have burning.

*Graphites*, has old ſcars that burn; ſpot on vertex, eyes, tongue, ſtomach, left hypochondrium, through abdomen, vagina, ſoles of feet and hands, burn or have pains burning in character.

*Mercurius*, has general ſtinging and burning pains relieved by heat; burning internally; burning after ſcratching.

*Natrum mur.*, has burning pains aggravated by heat of ſun and of ſtove; relieved by waſhing in cold water and by open air;



burning pains in vertex, eyes, ears, nose, throat, stomach, bowels, urethra, vagina, hands and feet.

*Nitric acid*, general burning, stinging and sticking pains.

*Nux vomica*, has internal burning; burning pains in head; throat, stomach, abdomen, anus, back, bladder and chest.

*Phosphorus*, has general burning pains in head, brain, chest and under sternum in particular.

*Phosphoric acid*, burning pains worse lower half of the body; general burning, liver, throat and chest in particular.

*Pulsatilla*, has burning in eyes, throat, bladder, urethra, feet, chest and heart.

*Rhus tox.*, has burning, stinging and drawing pains worse on left side.

*Sulphur*, has burning in general, with burning heat; burning in skin of whole body and in parts on which he lies; burning pains in vertex, forehead, palms, eyes, lids, nostrils, face, throat, of eczema, fauces, pharynx, stomach, abdomen, urethra, anus, in hæmorrhoids, between scapulæ, hands, balls and tips of fingers, knee, feet (particularly at night), soles, corns, and chilblains.

*Sepia*, has internal burning with relief in open air; feet and palms burn. Hands hot and feet cold or vice versa.

*Silica*, has general burning, stinging pains; burning in soles of feet and in ulcers.

*Zincum*, has burning pains in back, whole length of spine, left arm, right wrist and ball of hand, left hip, soles, skin and ulcers.

Those burning pains not covered by the above list will be found under:

*Arnica*, has burning pains in brain, eyes, lips, throat, stomach, chest, heart and feet.

*Apis*, has general burning, stinging pains.

*China*, has burning of one hand while the other is icy cold; burning of the skin, and in ulcers.

*Carbo veg.*, general burning as from coals of fire, without thirst, and better from cold.

*Causticum*, general burning pains; burning in spots as from ball of fire.

*Colocynth*, has burning in right side of forehead; eyelids, face, tongue, back, anus, urethra (during stool), right ovary and sciatic nerve.

*Dulcamara*, burning in forehead, epigastrium, anus, rectum, meatus, feet, gums and back.

*Drosera*, burning deep in throat and center of chest.

*Ignatia*, has burning redness of one ear and cheek; burning heat in vagina and feet; pain in head, eyes, epigastrium, stomach, urethra and heels.

*Lachesis*, has burning, stinging pains in top of head, eyes, mouth, rectum, ovary, wrists, stomach, from hip to foot, throat, hands and soles.

*Lycopodium*, has one foot burning hot, the other cold; burning in blisters on tongue; thumb and third finger of left hand; pain in stomach, rectum, lower limbs, wounds and ankles.

#### CUTTING PAINS

Are covered by the following seventeen remedies:

*Arn.*; *BELL.*; *CALC. C.*; *Chin.*; *COLOC.*; *DROS.*; *HYOS.*; *LYC.*; *MERC.*; *NUX V.*; *NAT. M.*; *PULS.*; *SULPH.*; *SIL.*; *Staph.*; *VERAT.*; *ZINC.*

Your leaders will be found in:

*Belladonna*, where the cutting pains are in head (right side), face, stomach, abdomen, uterus and in the muscles.

*Calcaria carb.*, where there are cutting pains from within outward; pains in chest; stomach, back and liver.

*Colocynth*, cutting as from knives in bowels; pain in forehead, left temple, eyes, ears, stomach abdomen and chest.

*Drosera*, cutting pains mostly in right side; in calves of legs.

*Hyoscyamus*, cutting in abdomen, chest and joints.

*Lycopodium*, has cutting in bladder, rectum, abdomen, liver, chest, scalp and penis.

*Mercurius*, has dull, cutting, pressive and stitching pains; cutting from stomach to genitals; pains in eyes, abdomen and intestines.

*Nux vomica*, has shooting, cutting pains about navel.

*Natrum mur.*, has pains in head, abdomen, urethra, chest and back.

*Pulsatilla*, cutting in bowels, throat, abdomen, limbs, liver, chest, back and in abscesses.

*Sulphur*, has cutting, burning pains in eyelids and urethra; cutting in abdomen, loins and sacrum, vesical region, chest, about heart and in great toe.

*Silica*, cutting pains in nerves; in right lung, testes, breast, shoulders, knee, stomach, rectum and about navel.

*I'eratrum alb.*; cutting, griping colic; pain in left chest.

*Zincum*, in small of back during menses; across umbilical region; pain in right eye and ear, nose, rectum, anus, kidney and urethra.

Cutting pains are also found in:

*Arnica*, has cutting like knives in kidney; pain in teeth; epigastrium and liver.

*China*, has cutting pains which shoot through abdomen in all directions before the passage of flatus; cutting in spleen as if it was hardened.

*Staphisagria*, for injuries caused by sharp cutting instruments; pain over crural nerve; teeth and abdomen; pains in stitches after operations.

#### SORE PAINS

Are covered by the following twelve remedies:

ARN.; BELL.; CHINA; DROS.; HEP.; NUX V.; NAT. M.; *Phos.*; RHUS T.; SULPH.; SIL.; ZINC.

Your leaders will be found under:

*Arnica*, for bad effects of bruises and sprains; pain is sore as if bruised in head; brain, throat and stomach; general character of pains *sore*.

*Belladonna*, has soreness and rawness; pains in eyelids, throat to ears, abdomen and back.

*China*, has sore pains worse from light touch but relieved by hard pressure; sore all over in the joints, bones, periosteum, as if they had been sprained.

*Drosera*, soreness in temples and in skin of right temple; bruised feeling in the larynx, back and ankle.

*Hepar*, soreness in urethra, in genitals, scrotum, in folds between scrotum and thighs, chest and in all the limbs; bruised feeling in anterior muscles of thighs.

*Nux vomica*, has soreness all over; great tenderness of abdomen; soreness in liver, stomach, abdomen, across pubis, chest and shoulder-joint; bruised sensation of brain, in small of back, neck of uterus, low down in abdomen; in back and in limbs.

*Natrum mur.*, soreness left side of nose; nostrils; upper arm; epigastrium; chest; tarsal joints; liver; vulva; vagina; larynx and trachea and between the toes.

*Phosphorus*, bruised feeling in bones; soreness and rawness; nose, mouth, chest, lungs, larynx and bronchi are sore.

*Rhus tox.*, has soreness and stiffness; soreness in head, nostrils, tongue, abdomen, of navel, in muscles of abdomen, back, vagina, chest and left side of lumbar region; bruised feeling in head, throat and limbs.

*Sulphur*, sore pain in left eye, in oral commissures, and in whole abdomen; bruised feeling and pain in abdomen, back, coccyx, left shoulder, left hip, thighs, in sciatic region, and lower extremities.

*Silica*, the eyeballs are stiff and sore; internal soreness; sore pain in bones, chest, lungs and head.

*Zincum*, has soreness in head, vertex, scalp and hair; pterygium; right upper lid; outer canthus; in nose, teeth, tongue, upper chest and left hypochondrium; rectum, anus, left kidney, urethra; as if beaten in the pectoral muscles; chest; outer muscles of thigh and in pimples

#### THROBBING PAINS

Are covered by the following ten remedies:

ACCN.; *Bell.*; *Bry.*; *Cham.*; CALC. C.; *Ign.*; *Nit. ac.*; PHOS.; *Puls.*; *Rhus t.*; *Sulph.*; SEP.; *Sil.*; *Staph.*

Your leaders will be found under:

*Aconite*, where there is throbbing in temples and left side of head.

*Calcarea carb.*, throbbing in ulcers; pain in vertex and forehead, worse from motion.

*Phosphorus*, throbbing forehead, temples, teeth, heart, extending to throat, back and neck.

*Pulsatilla*, throbbing in brain, head, forehead, teeth, ear and soles of feet.

*Sepia*, has throbbing in temple, forehead, cerebellum and teeth.

When the above do not cover your case look to the following:

*Belladonna*, has throbbing in carotids, in brain, teeth, stomach, ovary and breasts. While this remedy is given in routine practice for throbbing pains it does not have this symptom in as marked degree as the remedies given above. It will only cure throbbing pains when the rest of the symptoms agree.

*Bryonia*, has throbbing throughout the body; pain in vertex.

*Chamomilla*, has a throbbing in one-half of the brain and in the back part of throat.



*Ignatia*, has throbbing pain in right forehead, temples and occiput.

*Nitric acid*, has throbbing pain in left side of head; ears, nape of neck, small of back, teeth and stomach.

*Rhus tox.*, throbbing in pit of stomach; in temples and from jaws and teeth into temples; in left shoulder and forehead.

*Staphisagria*, has throbbing in temples and from tooth to eye.

*Sulphur*, throbbing pain in left side of occiput; in hand, teeth, gums, rectum, anus.

#### CRAMPING PAINS

Are covered by the following ten remedies:

*Bell.*; *Calc. c.*; *Dig.*; *Nat. m.*; *Phos.*; *PHOS. AC.*; *PULS.*; *Sulph.*; *Staph.*; *Zinc.*

Your leaders will be:

*Phosphoric acid*, where there are cramps in joints: upper arm; wrist; chest; stomach; diaphragm and abdomen.

*Pulsatilla*, cramping pain in stomach, through chest; in right leg from knee to groin; in legs, abdomen, and in pit of stomach.

The following have crampy pains in second degree:

*Belladonna*, has cramps in jaws: the cramping pain in abdomen and stomach is relieved by lying at an angle of 45 degrees, and is aggravated by bending back: cramps in uterus and muscles are found under this remedy.

*Calcarea carb.*, has cramps in the hands and forearms, feet and legs, crampy pains in hypochondria and in stomach, with palpitation.

*Digitalis*, has cramps in chest, abdomen and bladder.

*Natrum mur.*, has cramping pains in abdomen at menses; crampy colic pains that resemble labor pains, aggravated after stool and relieved by passing flatus; pains in arms, hands, fingers, thumbs, legs, calves and feet.

*Phosphorus*, has crampy pains in testes, stomach, rectum, calves, between scapulæ, and in left side of head.

*Staphisagria*, has crampy pains in abdomen, right knee joint, and first joints of fingers.

*Sulphur*, has crampy pains in stomach, chest; cramps in hip joints, middle finger, legs, thighs, calves, soles and toes.

*Zincum*, has crampy pains in epigastrium, hepatic region, sides of abdomen and umbilical region; pit of throat, bladder, in chest

to stomach, in heart and lungs; cramps in legs, calves, left foot and muscles.

#### BURSTING PAINS

Are covered by the following nine remedies:

BELL.; BRY.; CALC. C.; CAUST.; IGN.; NUX V.; NIT. AC.; SEP.; SIL.

Your leaders under this rubric will be:

*Belladonna*, in hemicrania; bursting pains in right temple, above nose, in occiput; in brain towards temples; in eyeballs, over right eye, in chest, stomach, abdomen and hypochondria.

*Bryonia*, has bursting pain in forehead, eyeballs, throat, stomach, right hypochondrium, above left eye and from within outward in head.

*Calcaria carb.*, has bursting headache and bursting sensation in the stomach.

*Causticum*, has bursting pain in forehead, small of back, rectum, coccyx, stomach and ears.

*Ignatia*, has bursting above root of nose, in spleen, stomach and rectum.

*Nux vom.*, bursting pain in forehead and vertex, in eyes, stomach, liver towards chest and head, in bladder, anus and pit of stomach.

*Nitric acid*, bursting pain in middle of brain, in forehead, eyes, throat, stomach, rectum and small of back.

*Sepia*, bursting pain in forehead, liver, stomach and chest. Bursting sensation from ebullition of blood, which is worse at night.

*Silica*, has bursting pain in forehead and occiput, relieved by pressure; bursting pain in eyes, stomach and chest.

#### SUGGESTIONS AS TO METHOD OF STUDY AND USE OF THE ABOVE ANALYSIS.

Take first the twenty-two rubrics and memorize the group of remedies found under each one, paying attention first to the generals. After you have become familiar with your list of remedies then learn the particular circumstance of the remedy under each rubric. This will give you a ground work of these remedies that will be of use to you in the daily work of prescribing for your acute cases. After you have become familiar with the above

symptoms you may broaden your knowledge of each remedy by reference to the materia medica. It has been my experience (as well as that of my students) that a few minutes' study each day will soon give you a comprehensive knowledge of the remedies that will be in shape to use at the bedside.

Take, for example, a cold patient, one who is shivering with the cold, and, although covered by blankets, cannot get warm. We find this patient having burning pains; he may be thirsty or not, there may be œdema of mucous membrane with stinging pains. There may be scanty urine or any number of symptoms referring to a particular organ or to disease condition, which might lead you to think of *Apis*, but the fact that your patient was cold would rule that remedy out and turn your thoughts to a remedy found under the first rubric, *Cold and aggravation from cold*. Here you would find that one of the twenty-six remedies given would be one which would be homœopathic to the patient in hand. Many examples could be cited as to the use that may be given the above scheme, but to those who will look to this work for assistance, they would not be necessary, and the student who begins to get a useable knowledge of our materia medica from this analysis will find that his learning of the remedies by this method will enable him to discriminate, individualize and differentiate his remedy and patient quickly, accurately and with an ease which will astonish him.

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## FOOT AND MOUTH DISEASE.

The appearance of "foot and mouth" disease in any neighborhood is always a serious matter, chiefly because no one seems to know anything about its cause or treatment. The official doctor's treatment is slaughter and quick-lime. According to an account of the present epidemic in the *Journal of the American Medical Association*, quarantine was instituted on November 7th, and up to November 9th there had been 912 head of cattle and 160 hogs slaughtered and buried in quick-lime in the yards. The following description of the disease is taken from the *Journal*:

"In animals it is characterized especially by the eruption of vesicles in the mouth and on the feet, in some more in the mouth, in others more

on the feet. In cattle the incubation period averages from three to five days, whereupon a moderate fever with loss of appetite and other general symptoms sets in. In two or three days small blisters appear on the lining of the mouth, and now the fever usually subsides. At the same time one or more feet may show tenderness and swelling of the skin, soon vesicles form here also, and the animal goes lame. In the mouth the blisters may reach half an inch or more in diameter, but usually they are smaller; the contents, at first clear, become turbid, and as the covering bursts, small painful erosions are produced which either heal quite promptly or turn into ulcers that heal more slowly. Usually the milk is altered and reduced in quantity; blisters and ulcers may form on the udder. There is marked loss of weight, as the animals do not eat because of the pain. In this, the ordinary form, in which the death-rate is very small except among the young, the symptoms fade away in from ten to twenty days or so, except when complicating local secondary infections delay recovery, but there are also severe forms with extensive infection of the respiratory tract and gastro-intestinal inflammation, which frequently end in sudden death. In such severe cases ulcers are found in the stomach and intestines. In sheep and swine, lesions of the feet predominate."

The *Journal* also says that "the cause of the disease is present in the contents of the vesicles, the discharges from the ulcers, the saliva, the milk, the urine and feces." In the same issue of the *Journal*, but in another article on the subject of this disease, it is said that Loeffler and Froch showed that the "contagious material passed through porcelain filters." Then, again, in same article, "Siegel has connected with the disease certain cocci," which he "found in the blood of infected animals," etc. Then, as if all of this was not a sufficient number of causes, we read further in the last named article:

"The last large outbreak to occur in the United States was in 1908. At this time the disease was discovered in some Pennsylvania cattle. Investigations by the government showed that cow-pox vaccine virus, imported from a foreign country, was contaminated with foot and mouth disease. This vaccine was employed for the production of vaccine in calves, which then became infected with foot and mouth disease. Another concern purchased some of the contaminated vaccine and infected its own calves. The calves of the second firm were then sold in the open market and started the epidemic."

Add to this a Chicago dispatch that appeared in the *Philadelphia Evening Telegraph* (but in no other paper that we saw) stating that this epidemic, which is causing enormous loss to farmers and



enhancing the cost of living, was caused by "serums," and you have an outline of the sum total of what is known by modern scientific allopathic medicine concerning a disease that in less scientific days was attributed to sudden changes of the climate combined with lack of proper care of the animals.

Not in its darkest ages was the world more in need of a big dose of medical common sense than it is to-day. The real disease seems to be a species of influenza due to atmospheric conditions and affecting chiefly cattle that are not properly cared for. The latter day allopath says, "The germ caused the disease," and slaughters the afflicted cattle, and buries them in quick-lime. This is like saying "fire destroyed the building." That is self-evident, but the fire marshal asks: "What caused the fire?" The answer in the present instance seems to be "serum."

Such a thing as curing the cattle never seems to enter the official medical head.

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### THE MENTAL IN PATIENTS.

Not long ago we met a friend who was quite full of a case he had been attending and rather justly proud of it. He was called to see a woman who was insane. She was afraid of her mother, of her husband and of everything else, including the doctor. No symptoms could be elicited. On her mentality our friend gave her *Aconite*. On his third visit she was again normal. Whatever the cause the mentality said "*Aconite*," and it cured the case. If a return to normal is not a "cure," then what word should be used, Oh, modern man?

After this a set of the *Symptomen Codex*, once the property of an old-time homœopath, came into our possession. Looking through its pages gave rise to the idea that a slight abstract of the mentality of certain remedies might be useful even though not new. No literal quotation will be attempted from this old treasury, for such would run into great length, but only a few salient points, which, if well received, may be followed with others. First comes

#### ACONITE.

Fear, anguish, apprehension; no confidence or courage. Moans. Complaints. Reproaches. Dread of ghosts. Tendency to start

in affright. Forebodings and despondency. There is a half page of it, but these seem to be the peaks of the mentality of *Aconite*. Passing several drugs we come to

AGARICUS MUSCARIUS.

After a number of symptoms that may appear under any drug we find "menacing, mischievous rage," the patient directing it against himself in some instances, with great strength. "Shy mania." Now this seems to be very distinctive.

AGNUS CASTUS.

This is peculiar. "Feels as if he were nobody, and would rather be dead than have that feeling." Most of us are nobodies, but to feel so is a rather marked symptom. There seems to be no mania in the drug, only hypochondria.

ALUMINA.

Here is a long list of mental states, but "As soon as she sees blood, or a knife, she has horrid thoughts about killing herself," stands out as a landmark that the modern reporter would dwell upon, though the "contemptuous" smile at other times seems to be worthy of note, though that comes to many even in health.

AMBRA GRISEA.

Here is much nervousness, desire to talk, embarrassment in society, yet, evidently when alone "a fancy crowded with phantas-mata and all sorts of distorted figures and devils;" also "loathing of life," yet an inclination to be vexed and "disposed to whine." The latter, of course, is not uncommon in humanity.

AMMONIUM CARBONICUM.

Reading the list one gets the impression of a gloomy, vexing anxious, somewhat ill-humored but obstinate patient. There are no salient features except a fear that some accident may happen if he or she does not move from that particular place.

ANACARDIUM.

The famous symptom of "a desire to curse and swear" is not to be found in the *Codex*, but there are states of mind that would lead one to use bad language; for instance, the impression that

enemies are dogging his footsteps; also "a slight offence makes him vehemently angry," and "he breaks out in personal violence;" there is also the habit of laughing when occasion calls for seriousness, and for gravity when it is time to laugh. A feeling of two opposite wills. The whole mental picture, of which this is but a small bit, suggests the failing memory for which this drug is so useful. The peculiar sensation that the mind and body are separated should be noted, and also that thoughts are lost and "he forgets everything immediately." This last is a not uncommon failing of many of us.

#### ANTIMONUM CRUDUM.

The thing that stands out here is a peevish ill-humor with the rather startling "disposition to shoot himself at night."

#### ARGENTUM NITRICUM.

Among symptoms, more or less peculiar to other drugs, may be found this marked one: "Intense feeling of disease, after dinner." There is also a feeling of beating in the whole body. Also a fear to attempt anything.

#### ARNICA MONTANA.

The marked thing found here is "excessive sensitiveness of the mind" and "excessive sensitiveness of the body." Hahnemann is quoted to the effect that he had observed these two conditions occurring alternately and also at the same time.

#### ARSENICUM.

Here it is "anguish" that rules and remorselessly at that—"anguish of the most violent kind," "anguish as if from remorse of conscience, "anguish of death," restless tossing about, and the uncanny fear that he will be obliged to murder some one, together with other gruesome fears and dreads, as of solitude, of ghosts, of vermin, of thieves, and yet in all this misery there is a disposition to find fault with and censure others, which sometimes relapses into indifference to life and the contemplation of suicide.

#### AURUM.

There is nothing of an exciting nature here, only despondency, melancholy gloom, going on to thoughts of suicide and a desire

for death: religious melancholy and remorse. There are occasional outbreaks against others and peevishness, but the central thing seems to be a self-centered despair.

This carries us through the drugs beginning with the letter A. Of course, there are others under A but the above are those which have a strongly marked mentality.

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### OH AMINS! OH CHEESE!

The *Journal of the A. M. A.* editorially reviews the recent discoveries of dangers existing in our common food, hitherto unsuspected. No great alarm, however, should be felt, as these same dangers must have been always with us. Generally speaking, this new terror is the "amins" family. Here, in part, is what the editorial says:

"There are individuals in whom the long-known amins—putrescin (tetramethylethylamin) and cadaverin (pentamethylethylamin), derived from the amino-acids arginin and lysin, respectively—are found in both the feces and the urine. This has been true particularly in cases of cystinuria, though the precise connection between this anomaly and the diaminuria is not understood. It may be that amins arise in the gastro-intestinal tract through the action of the bacterial flora more freely than is currently believed, but that after absorption these derivatives are then promptly further decomposed by the body tissue and thus disappear from view. In the light of the fact that some of the amins are physiologically active and many promptly reappear in the urine in some form or other when they are introduced into the organism directly, it seems more probable that under the usual conditions of alimentation amins are not formed in such conspicuous quantities."

"A more recent accession to the list of possible amins arising in the intestinal canal is beta-imidazoleylethylamin, which can be produced from histidin through the agency of bacteria found in the bowel and which may possibly also be a product of cellular activity. The occasion for this statement is the observation that extracts of various tissues produce physiologic effects quite comparable with that incited by administration of this amin. This is particularly true of extracts of the hypophysis, which



seems to elaborate products related to the amins. From the amino-acid tryptophan, indolethylamin is obtainable. The amins may exhibit a more or less pronounced influence on the animal organism."

Exactly what an amin is, or, at least, how it originates, does not seem to be clear. On this point the *Journal* says:

"There can be little doubt that since the amins are, under suitable conditions, characteristic products of bacterial action on proteins, small quantities are not only presumably formed in the bowel, but may frequently be present in food. It is, however, somewhat surprising to learn from competent authority that they occur regularly and in not inconsiderable quantity in so common a food as cheese. Oxyphenylethylamin had earlier been isolated in very small amount from overripe Emmenthal cheese by Winterstein and K  ng, and even before that in detectable amounts from American cheddar cheese by Van Slyke and Hart."

Also:

"There is no question that the amin owes its origin to the bacterial processes associated with the usual ripening of the cheese; in fact, the product is readily produced from tyrosin in suitable culture mediums by the action of bacteria isolated from cheese. Other types of cheese—the Camembert, Roquefort and Emmenthal varieties, for example—all yield the same amin."

If these comparatively mild makes of cheese are inhabited by amins, which must be found in lusty Liederkrantz, or, the king of them all, Limburger!

It seems also that the amin may displace the bacillus, for the *Journal* concludes:

"The demonstration of the regular occurrence in foods of a compound which has a marked blood-pressure-raising potency and is identical with one of the toxic bases which lend a pharmacologic action to ergot is of more than passing interest. One is reminded anew of the possibilities described in a general way as alimentary toxemia. There can no longer be any doubt that the foods we eat may contain preformed some of the physiologically active products which have hitherto been charged solely to the bacterial transformations initiated in the digestive canal by supposedly abnormal flora."

There is one satisfaction in all this learning and in these terrifyingly long words, and that is the fact that mankind has eaten cheese from before the days of Abraham, and that the Germans and French have had the Limburger and the lively Camembert among them for many years, and yet—they are putting up a pretty husky fight.

But, seriously, of what avail is all this sort of thing? If a man were to avoid every article of food and drink in which the laboratory men have found a lurking "danger" that man would starve to death. Men have been eating and drinking all sorts of microbes, amins and all that sort of thing ever since they inhabited the earth and so may it not be possible that modern science, while it has discovered many facts, is fundamentally wrong in thinking that life is a thing of chemical action and reaction?

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## MORE ABOUT "ADVANCED THOUGHT" AND "THE UNCLEAN."

Editor of the HOMŒOPATHIC RECORDER.

No, Brother Anshutz, it is not necessary to go to the trouble of placarding the Vile Nosodes, "UNCLEAN! UNCLEAN!" You will have done your duty by or unto the Nosodes when you print the following list of only ten in number; for example:

### LATIN NAMES.

### COMMON NAMES.

<i>Anthraxin</i> . . . . .	Carbuncle anthrax poison. Fine, isn't it?
<i>Bacillinum</i> . . . . .	Bacillus tuberculosis. Rich.
<i>Diphtherinum</i> . . .	Antitoxin. Rare.
<i>Hydrophobin</i> . . .	Virus of the rabid dog. Nice morsel.
<i>Malandrinum</i> . . .	Grease heel, or eczema of the horse. Sweet.
<i>Medorrhinum</i> . . .	The gonorrhœal virus. Ye gods, deliver us!
<i>Psorinum</i> . . . . .	Yes, pus from the itch pustule. Holy Moses!
<i>Pyrogenium</i> . . .	Pus from a septic abscess. Bless my soul!
<i>Balanorrhin</i> . . .	Virus from inflammation of the glans penis.
<i>Hippomanies</i> . . .	Found in the allantoid fluid of a mule filly.

E. P. Anshutz, M. D., let's us attend a Holiness Revival, and while in the throes of the Holy Ghost Trance, pray that the Holy Spirit is working in us, You and Me, and if we are given sufficient

time You and I will come out of our lethargy purified, strengthened, regenerated, from the cursed illusion of the damnable hallucination as to the rottenness of the Nosodes, or any other Unclean Article, or a Filthy, Nasty Substance, as being fit for a Remedy, or a Medicine of the 20th century; let us become wise disciples not of Æsculapius, Hippocrates, Galen, Hahnemann, or any other eminent physician, but of CLEAN, MODERN THERAPEUTICS.

"They who give have all things; they who withhold have nothing." Forbid that we should withhold the Truth about not only the Nosodes but all Unclean Substances. Do not keep your Advanced Thought covered by a total eclipse shadow of the Horrid Nosodes. I care not how high homœopaths value them or scores of other Articles that are Unclean, no Decent Thought can tolerate their use as Modern Clean Therapeutics.

Yet, let us illuminate Homœopathic Therapeutics up to that of the highest Standardization ever advanced since the early dawn of creation. Cleanliness is required by law in everything except Medicine. In the name of decency why not medicine? Boost this New Advanced Thought until we achieve a perfected system of Homœopathic Medicines.

It is not a second too early. Think of this being the 20th century and the European war and Homœopathic Therapeutics in this deplorable condition. The Public, the Common People, will compel the change or else we go out of commission.

Most truly yours,

H. JOHNSON, M. D.

Perry, Iowa.

(Our correspondent's views, like those of the allopaths before they began using vaccines, etc., strike us as being purely sentimental. Disease is never clean, only health is clean. If *Bacillinum* 30, for instance, will free one from the uncleanness of tuberculosis a man is wrong not to use it. There is some ground for Dr. Johnson's aversion when the exuded diseased tissue of man or beast is put directly into the blood as the allopaths do, but none for it when the same is given in potencies.—Editor of the HOMŒOPATHIC RECORDER.)

## THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

### THERAPEUTIC NOTES.

At a recent meeting of the Westside Homœopathic Medical Society, of Chicago, the following contributions to Homœopathic Therapeutics were made:

**Jaundice in Pneumonia.**—Dr. S. H. Aurand spoke of a case of this complication treated successfully with *Chelidonium*. The features were apathy, restlessness and stupor; there was pasty, sticky mucus in the mouth, bilious vomiting, diarrhœa with stools of a light gray color, and right-sided pain. He used five drop doses of the tincture.

**Nervous Depression.**—Dr. C. A. Weirick spoke of *Hellebore* as indicated in any disease where great nervous depression was a feature.

**Sciatica.**—Dr. C. T. Hood recommended atropine for the cure of sciatica. He used hypodermic injections into the muscle of one-two hundred and fiftieth of a grain.

**Afternoon Aggravations.**—Dr. Harry Knapp was in favor of *Lycopodium* in any condition where there was afternoon aggravation, from four to six.

**Syphilitic Sore Mouth.**—Dr. W. L. Ruggles emphasized the value of *Merc. sol.* in syphilis, especially in conditions affecting the mouth.

**Miscellaneous.**—Dr. Aurand advocated *Cimicifuga* tincture in lumbago, Dr. Hood, *Lobelia* in asthma, and Dr. McBurney, *Aconite* in certain neuralgias.

**Bodily Disturbance Due to Lactation.**—Dr. L. F. Ingersoll, of Chicago, finds among the anomalies of the lying-in room the systemic disturbance due to lactation worth mentioning.

"On one occasion," says Dr. Ingersoll, "I had to treat a woman with the most violent tetanic spasm I ever witnessed. She had the most extreme chills followed by a rise of temperature of several degrees. A peculiar feature was that she was a multipara



and her labor normal. *Phytolacca* should always be remembered in cases of inflamed sensitive breasts."

## CLINICAL URINOLOGY AND RENAL DISEASES.

BY CLIFFORD MITCHELL, M. D.

**Kidney Function.**—The battle between believers in the phthalein test and disbelievers in it goes merrily on, articles pro and con appearing frequently in our journals.

The spectacular features of the test appeal, of course, to many, both physicians and laymen. But why the test should be necessary when the ureters are catheterized is hard for the chemist to understand. If the urine from each kidney be analyzed for both urea and sodium chloride, the results will tell the story of kidney function in impressive language. For example, urea half on right side what it is on left with sodium chloride normal, and the same on both sides, what is the inference? If, in connection with this finding, there is albumin in gross amount on the right side with but a trace or none on the left, and if casts are present on the right with none on the left, then we declare the right kidney affected, both organically and functionally.

If albumin and casts are present on both sides but the sodium chloride is normal and alike on both with one side excreting far less urea than the other, then the kidney showing the less urea is functionally weaker than the other.

**"Interne's Red Cells."**—Not infrequently urine is brought to us by a physician with the statement that an interne has found red blood cells in it. So many times has the writer been unable to find red cells in such cases that suspicion has been aroused that the inexperienced interne has found something else and mistaken it for blood. Recently it was possible for the writer to run down such a finding in urine loaded with spores of *penicillium glaucum*. These spores actually deceived an experienced blood analyst, who pronounced them red cells, but after co-operation with the writer was surprised to find himself mistaken. There are in urine many spores which closely resemble abnormal red cells in that they may appear to be biconcave, and are just about the size of blood cells in urine, are not granular and have no nuclei. But if a number of them be examined with a high power, say, 500, it

will be seen that they tend to be oval rather than round, and that every now and then they have slight projections in them, tend to be double in form, and to group themselves in ways not usual for blood cells to assume in urine. The benzidine test may be used in helping decide, since, if it is negative, while at the same time many apparently red cells are found, the presence of blood is extremely doubtful.

The gross appearance of the blood sediment and the spore sediment in urine is very different. The spores can not be packed down by sedimentation with the centrifuge. If the cloud which floats on the top of diabetic urine be scooped out with a spoon and examined, it will be found to be loaded with these spores resembling red cells. In other words, the spore "sediment" tends to float rather than sink. Red blood cells, on the other hand, may be well settled by centrifugal sedimentation.

Spore formation is extremely common in acid urine, and the color of the urine is likely to be darker than normal, except in diabetic cases. Millions of spores are found in diabetic urines after fermentation has begun.

In the same field with the spores will usually be found thread-like formations or jointed ones, the mycelium of the fungus.

The jointed formations may have the same size and shape as tube casts, but are narrower than most casts, and a high power shows plainly the jointed character of the substance.

Shaking the spore sediment with water does not dissolve it but merely makes the number of spores per slide less while shaking a red cell sediment with water dissolves the cells.

**Acute Nephritis in Children.**—The urine of a boy of seven was demonstrated by the writer at a recent clinic as pointing a moral well worth considering. About a month before this boy had a sore throat from which he recovered. Four weeks later he passed bloody urine, which was found to contain plenty of albumin and numerous and various casts. At the same time he presented other features suggesting nephritis.

This emphasizes the fact that serious kidney disease may follow unsuspected upon a slight infection, and that any condition suggesting infection in children should be carefully watched for sequelæ. In this case there has been no rash and no desquamation, so that the nature of the original infection could not be determined with certainty.

Cameron's method of treating scarlet fever for prevention of nephritis is to keep the child in bed on milk diet for twenty-eight days. The method is difficult and tedious for the patient, but Dr. Cameron assures us that it is effective, and, if so, is well worth the effort.

**Diabetes Insipidus.**—A case apparently of diabetes insipidus appeared in the clinic lately. This condition is one of the rarest in the writer's experience, most cases of alleged polyuria turning out on close study to be either nervous or else of renal origin.

Allen in his monumental work on diabetes holds that diabetes insipidus is probably a disease of the pancreas—as well as diabetes mellitus—rejecting the theory that the ductless glands are involved in it.

**The Ferric Chloride Reaction in Urine.**—One of the many troubles of the urine analyst is the frequency of a positive reaction with the ferric chloride test. Small amounts of drug products undoubtedly react with ferric chloride producing red colors difficult to distinguish from the red of diacetic acid. Before deciding that diacetic acid is present the patient should be put upon a drug free regimen for several days.

The question of vinegar in the dietary of diabetics having anything to do with the reaction is an interesting one. In one case of the writer's the red color diminished when vinegar was withdrawn from the diet.

**Urobilin.**—All urines positive to the zinc acetate reaction for urobilin are not necessarily high in color nor are all high colored urines positive to the reaction. But the writer has not yet obtained the reaction in urines of yellow tints, some tint of red being always observed. It is well when the fluorescence obtained is slight to compare it with normal urine also subjected to the test. A north light should be had for observation of the test.

**Improvement in Test Tubes.**—The writer obtains from the Central Scientific Company, of Chicago, test tubes without lips and marked with lines. These last longer, being less liable to break and are convenient for use in that the lines serve as labels by which to distinguish tests and specimens.

**Benedict's Test.**—The writer has recommended in this department the use of Benedict's test for sugar in urine. There is one objection to it, namely, that it is slightly reduced by many urines

apparently not containing sugar. Such urines are usually of a higher color than yellow, and the reduction may be due to coloring matter, since Benedict claims his test not so sensitive to uric acid and creatinine as the other copper tests. Something, however, in normal urine slightly reduces Benedict's tests, and we have not yet succeeded in obtaining a copper test wholly unaffected by sugar free urine.

It is possible, of course, that the test is so delicate as to be affected by clinically minute percentages of carbohydrates normally occurring in urine.

**Relation of Asthma to Indicanuria.**—Although Askenstedt, whose experience and study of indicanuria is very great, has not been able to trace any relationship between indicanuria and asthma, yet the writer has noticed that in two cases of marked indicanuria asthma was a feature. Moreover, one of these cases has not had a single attack of asthma since a diet and treatment has been adopted, which has almost removed the indican from the urine. Askenstedt thinks that the surest way to eliminate indican is to eliminate protein from the diet, hence in the case of this patient eggs, fish, meat, cheese and milk were prohibited. The lactic acid bacillus was given internally.

**Indicanuria With Fetid Stools.**—In a case recently treated by the writer the patient had been afflicted with fecal discharges of a frightful odor, so sickening that he dreaded to go to stool. This condition had persisted for many years, and the mental aspect had become a feature. Indican was, of course, excessive in the urine. The patient had had all sorts and varieties of "modern treatment," including vaccines. When he came into the writer's hands he was cured by a prescription of *Nux vomica* 2x and *Podophyllum* 2x, the odor lessening in a day or two, in a few weeks becoming normal and remaining so.

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## A PROVING OF SANTONINE.

The following from the Princeton, Indiana, *Clarion*, via *Medical Century*, strikingly shows the effects of *Santonine*, and illustrates the beauties of "modern" therapeutics:

"An exceptionally sad instance of insanity has developed recently in this county. A well-to-do gentleman was taken with a



slight indisposition and, like a wise man, he thought that he would take the matter in hand before it should develop into something more serious. He called upon his family physician, who prescribed thirty grains of *Santonine*, to be taken in six grain doses, one hour apart. After the fourth dose the patient began to see nothing but yellow. Everything he looked upon took on the color of Gibson county tax receipts. The trees, the flowers, his wife and his children became yellow to his sight; even his drinking water and his pink necktie took on the hue of the primrose. He became worried and restless. He refused food and could not sleep at night. From a mild state of unrest, he progressed until his ravings were most pitiable. Finally he had to be restrained, and placed in straitjacket. He had torn off his apparel and was insisting upon wearing a wrapper made of tax receipts sewn together with yellow twine. He had four sunflowers in his hat and four pounds of yellow puccoon in his left pant pocket. There never was a sadder case."

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### THERAPEUTIC CHIPS.

Dr. C. H. Hubbard, Chester, Pa. (*O., O and L. J.*, Oct.), writes that *Thlaspi bursa pastoris* is a valuable remedy for bleeding in nasal operations, its special function being in passive hæmorrhages. This is especially true of uterus and kidneys. Dr. Hubbard gives 5 drop doses of the  $\theta$ .

Restlessness and anxiety are peculiar to the fever and inflammation of *Aconite*, but when the fever is there but no anxiety or restlessness *Ferrum phos.* should be considered.

In a letter from Antwerp to the *Homœopathic World* Dr. E. Petrie Hoyle, who was then working day and night among the wounded says: "Iodine is the king-pin, though I have had to use *Calendula* with Glycerine to several septic wounds, and *Calendula* at once cured or overcame strepto- and staphylococci, and overcame the stench."

Dr. A. L. Newton, Northfield, Mass., in a letter on business, makes this comment: "*Ferrum phos.* is the best medicine ever used in the first stages of pneumonia."

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## EDITORIAL NOTES AND COMMENTS

No. 12, Vol. XXIX.—No apology is needed for taking up so much space in this number of the RECORDER with Dr. Bidwell's paper, "The Analysis of Forty Homœopathic Remedies," though, in a manner, one is made by adding 16 pages to this, the December number so that it may be well balanced. Dr. Bidwell's paper is not of an ephemeral nature, but is of permanent value, as it is a working model of how to arrive at the *simillimum* in the shortest and easiest manner. Some study will be required to master it, but the labor of doing so will be well repaid.

SOME NEW PAPERS.—Dr. Eli G. Jones, of Burlington, N. J., promises us a series of papers on how to read the pulse, the tongue, the eyes and other parts. The readers will find these observations of an old practitioner to be of very practical value. The first one, "Reading the Pulse for the Indicated Remedy," will appear in the January RECORDER. It opens with this very strong statement: "In nine cases out of ten when we know how to read the pulse intelligently it will tell us what remedy is indicated."

Dr. Jones is Honorary President of the "American Association of Progressive Physicians," a body that takes in any physician of good standing who is willing to let the other fellow have a say, and he says that these papers will, as it were, make some of you sit up and take notice.

ANOTHER JOURNAL CHANGE.—*The Clinique*, of Chicago, "Official Organ of the Illinois Homœopathic Medical Association and Homœopathic State Medical Society of Wisconsin," as stated on letter head, has removed its business office to 2811 Cottage Grove avenue, with Mr. Geo. B. Hoyt, Business Manager. No change in the editorial management, which is still under the able direction of Drs. H. V. Halbert, C. A. Harkness, Clifford Mitchell, A. E. Smith, Burton Haseltine and T. E. Costain. Hoyt now has the business of two journals, *The Clinique*, and the *Journal of the American Institute of Homœopathy*, which, as all know, is editorially guided by Dr. S. M. Hobson, erstwhile of *The Clinique's* staff. The RECORDER wishes both journals the full tide of success.

THE ART OF HEALING VS. SCIENTIFIC MEDICINE.—Dr. Mackenzie, the new editor of the *Journal of O., O. and L.*, opens his batteries as follows:

"Before attempting to outline the Policies of the *Journal* it is well to ask ourselves the question—Is there any real need for the *Journal*? Our reply is, yes, and emphatically so at this time, for the average physician is too liable to be carried away with the idea of Scientific Medicine and to forget the real Art of Healing. It is for some of us, therefore, to keep aflame the torch during the present time that the Healing Art may not become a lost one."

Good!

THE CAUSE OF TUBERCULOSIS.—The following is taken from a personal letter from Dr. Thos. J. Mays, Philadelphia, to the RECORDER:

"It is strange that the delusion of the origin of phthisis through bacillary infection blinds so many of our people that they are unable to perceive the true relation of this disease not only to the poisonous action of mercury but to every other influence that is inimical or destroys the integrity of the vital forces of the body, and especially those of the nervous system. So long as such perverted teaching endures just so long will the problem of the prevention and cure of phthisis be debarred from being solved. Let us not fail, my dear doctor, in doing everything in our power to overthrow and destroy this devilish heresy."

THE BEST MILK?—The U. S. Department of Agriculture sends out information concerning the best way of Pasteurizing milk. This is very well, but there are several men who would like the Department to test the nutritive qualities of this sort of milk as compared with "raw" milk. When a journal like the London *Lancet* will print communications from reputable physicians stating that young animals fed exclusively on Pasteurized or sterilized milk, pine and die, while others fed on the natural milk will grow up healthy, it is a point worthy of the attention of the Department.

PESSIMISTIC BUT TRUE.—The following paragraph is from a paper by Dr. Felling, in the *Practitioner*, of London: "The whole history of medicine from the practicing side is one of a waxing, waning, and then, usually, final abandonment of nearly every method of treatment in turn." The trouble with these honest practitioners is that they do not know the science of therapeutics; there is such a science, for blind chance does not rule, and that science is comprehended in the word Homœopathy. The sooner they realize it the better for the world—and themselves.

THE PLAGUE.—The plague continues to be the most fatal disease that afflicts humanity. For proof of this one need but consult the weekly reports published in *Public Health Reports*. In the issue for Oct. 16th of that journal it is stated that in one province of Dutch East India, Kederl, there were 336 cases of the plague with 319 deaths; and in Pasoezoeau there were 730 cases with 629 deaths. About that proportion holds in the other places reported. Isn't there any remedy homœopathic to this disease?

ABOUT GETTING MARRIED.—The following is clipped from the *Illinois Institution Quarterly*: "The Medico-Psychological Association rejected overwhelmingly a resolution suggesting that 'a clean bill of health' and 'the evidences of a normal mind' be required of a person asking license to marry."

PELLAGRA.—Alessandrina and Sala, Rome, have come to the conclusion that pellagra is not caused by diet but "that it is a



disease strictly localized and limited to areas where water is drunk which has been almost exclusively in contact with a clay soil." Ninety-four experiments on animals confirmed this suspicion. The substance injected was "silica in colloidal solution." This leads the *Homœopathic World* to suggest the possibility that pellagra is a proving of *Silicea*.

A MEDICO-LEGAL MESS.—Orlando Edgar Miller was convicted of "manslaughter" before an English court, and was sentenced to three months' imprisonment. The victim was a Miss Scott, who was paralyzed. Miller, proprietor of "Miller's Institute," treated her with *Hyoscine* and purgatives. Dr. W. H. Wilcox testified that her death resulted from "paralysis of the stomach and exhaustion caused by general treatment, namely, the lack of food during the early period, the administration of purgatives and repeated injections of *Hyoscine*." The prisoner testified that he had been employed by the city authorities of Chicago, and that his methods were recognized "by many physicians of the United States," and were very successful. These facts were abstracted from the *Lancet*. The judge said that the next man so convicted would receive a severer sentence. The moral is, Get a license. If a New York doctor, by way of example, treats a paralyzed person in England, San Francisco, or elsewhere, and the patient dies of paralysis, he is guilty of manslaughter, though if the same thing had occurred in New York he could have signed the death certificate like a Christian. This queer state of affairs reminds one that all should read Dr. King's *Medical Union* No. 6.

CROTALUS.—Anderson (*Jour. A. M. A.*) in his address at the Atlantic meeting, among other things said:

"Another so-called treatment is the use of solution of crotalin or rattlesnake venom. This preparation has been chiefly recommended for the treatment of epilepsy, but some of its proposers having very great confidence in its properties also claim that it can cure tuberculosis, and have advised its use for the treatment of lumbago, sciatica, neuritis, asthma, hay fever, chorea, nerve exhaustion, bronchitis, neuralgia, insomnia, debility and pleurisy. From a perusal of the reports of cases treated with crotalin solution it does not seem that the treatment is of any permanent bene-

fit in epilepsy, and there certainly does not seem to be any evidence that it can cure the numerous other conditions for which it has been advised. There is, on the other hand, evidence of the harmfulness of the treatment, and death has been reported as a result of the use of solutions bought on the open market containing gas-forming anaerobic bacteria. It has been found that 38.8 per cent. of samples of crotalin solutions examined in the Hygienic Laboratory contained living bacteria, and that in the majority of instances the contamination was with anaerobic gas-forming bacteria similar to that found in the fatal case."

PNEUMONIA AND NARCOTICS.—"They relieved the General of his pain and he fell asleep. His death occurred while he slumbered." Such is the heading of a short paper by Dr. A. F. Stephens, of St. Louis, in the *California Eclectic Medical Journal*. Among other things he writes: "The same sentences might be written on appropriately upon the tombstones of innumerable dead who, supposedly, died from a like disease." Narcotics, he contends, but increases the congestion. "The administration of narcotics means death, perhaps, as often as life. If the patient is strong enough he may withstand both the disease and the narcotic; if weak he dies while he slumbers." So says Dr. Stephens.

ALL EDITORS ARE MORTAL.—A correspondent asks the editor of one of our esoteric exchanges, *The Flaming Sword*, to "please give a full description of the higher functions of the septum lucidum, velum interpositum, and the tentorium cerebelli?" The editor, in a circumlocutory manner, dodges the question. We will bet a nickel that he doesn't know even the lower functions because, as remarked before, all editors are mortal—low be it spoken!

INSPECTORS.—Our forefathers were a sturdy race, yet they knew not "germs," neither were they protected by inspectors, who appeared and still mightily grow, under the fear of the germ so sedulously inculcated. They will continue to grow, up to the breaking point, for there are many who long for the easy birth and good pay of public office. The latest proposal looking

towards more inspectors is the field of the "washer-women"—Aunt Dinah, Bridget or Mrs. Drudge. A big editor has discovered that their homes where they do the "wash" are not always hygienically satisfactory," and proposes to have inspectors and registers of the "wash ladies" to see to it that they have everything about them nickel plated, as it were. If the "wash ladies" were able to live up to the ideal of the pious germ fearing men probably they would cease to take in other person's soiled linen. However, this opens a vast field for more inspectors because if it is in the interest of the public health to inspect one woman who washes clothes it would be logical to inspect them all. One may be not far from fact when suspecting that the giant's grip the germ has on the public is because of the fact that it opens a field for inspectors and officers that is only limited by the money the tax payer can be made to produce. Germs are everywhere so why not inspectors everywhere?

ANTITOXINE DOSAGE.—Originally the maximum dose of antitoxine was 5,000 units, but now Dr. Woody, in *Penna. Med. Journal*, says that the minimum dose in the mildest case of diphtheria should be 10,000 units and from this up to 300,000 units. Antitoxine is cumbersome and expensive to make, besides the possibility of the horse being diseased, so that all things considered, our scientific men, if they will not use homœopathic remedies, which are better, cheaper and far more effective than any antitoxin, ought to look about for a substitute. According to the late Dr. Lawrence an equal amount of carbolic acid in distilled water would be just as effective, cost almost nothing and be safe. To be sure that would knock the science on which antitoxine is supposed to rest and confirm Homœopathy, inasmuch as carbolic acid is homœopathic to diphtheria. In this drug probably lies all the curative virtues or antidotal properties and not in the hocus pocus of pumping diphtheria poison into a horse and then imagining that nature turned Dobbin into a laboratory to make an antitoxine to the poison man put into his system and made enough to have a surplus left for use in human beings. Why cannot the laboratories experiment on the lines laid down by Lawrence and get

away from a remedy that sometimes suddenly kills and is really as mysterious as any of the old alchemist's dreams?

ANAPHYLAXIS AND IDIOSYNCRACY.—This is the title of a learned editorial in the *Lancet* on the contribution of Professor T. Silvestri, of the University of Modena, to modern medical science. For the benefit of the RECORDER's readers the summing up is hereby given:

"Anaphylaxis he considers a defensive reaction of ancestral origin against anything that threatens the integrity of the economy, either wholly or in part. It is for him a tumultuous reaction, disproportionate owing to a lack of adaptation to a given virus or given substance, a reaction which precedes immunity. It may be that the exceptional gravity of the diseases which rage for the first time in a given locality is in some cases an instance of anaphylactic reaction. In evolution, says Professor Silvestri, anaphylaxis must have preceded immunity, as it precedes it, as a rule, in experimental and clinical anaphylaxis. If at times it accomplishes or follows immunity—at least in the laboratory, in animals which furnish a highly antitoxic serum, and which therefore have acquired a marked immunity with respect to a given infection—this fact is not in absolute contradiction to what has been just stated, for it may be assumed that by repeating the stimulus (injection of toxine) for too long a time the organism would respond with a paradoxical reaction. This would constitute another argument in favor of the theory of the identity of anaphylaxis and idiosyncrasy in general."

Now, as the serums and vaccines produce anaphylaxis, which is a defensive reaction against that which threatens the integrity of the economy, the moral of this, the latest, is as plain as a pike-staff.



## PERSONAL.

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Whether you dwell, or sit, on a man's views makes some difference.

When European men kiss each other they show a certain contempt for the germ theory.

A laborer may labor 'til the sweat runs yet produce nothing but confusion.

At the present rate the suffragettes will have an easy time when the war is over.

A man may not be a saint for not doing that which he would be a scoundrel for doing.

Remarks a health board: "The only good fly is the dead fly." Even he isn't any good.

When a doctor says he knows nothing about children, having clientage only in "the best families," why——

"I employed her a week and was satisfied," read a servant girl's recommendation.

An optimistic advertiser in a prison journal advises the reader to "Call on Us" for hardware, etc.

An exchange warns the people against the indiscriminate use of Radium—worth about four million dollars an ounce.

"Doc Smith had a pretty bad blow-out last week in his auto."—*Liberty Gulch*.

The Washington Star knows of a charitable lady who wants to send alarm clocks to the sleeping sickness sufferers in Africa.

"Trust busting," says Binks, "is replacing a steel Pullman with a dozen old stage coaches."

A church journal's indictment against a certain man was "a user of tobacco till the day of his death."

No one likes to be stuck, unless it is on himself.

"It is different whether the office, or the officer seeks you," remarked Binks.

"Have you late trains?" "Yes, nearly all."

Thirty passengers in a "sleeper" have no rights that two wind-bags need respect.—*American Law*.

A man's burglar alarm went off but he thought it was the alarm clock and went to sleep again.

To be remembered—unpleasantly—owe money.

Men are on the look-out for "new wrinkles" and like them, but women hate them.

An unkind jester says that Pittsburgh autos carry fog-horns.

"No exit from hell has ever been discovered," remarks one of our experienced religious exchanges.

"Is appendectomy necessary?" "No, customary."















